


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/21

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90256 019 \*\*\*\*50.00

<b>DOCUMENT # L03000010240</b> 1. Entity Name UTEBJ HOLDINGS, LLC					
Principal Place of Business 25151 PENNYROYAL DRIVE BONITA SPRINGS, FL 34134			Mailing Address 25151 PENNYROYAL DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112004    Chg-LLC    CR2E083 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 56-2335203	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOTTES, KEVIN R ESQ. % PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709				7. Name and Address of New Registered Agent  Franz ROSINUS Street Address (P.O. Box Number is Not Acceptable) 26811 South Bay Dr. # 240 Bonita Springs FL 34134	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: March 29-04	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ute ROSINUS 25151 Pennyroyal Dr. Bonita Springs, FL 34134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: March 29-04 (239) 949-0990 <small>Date    Daytime Phone #</small>	

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