


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-06-2004 90129 031 ****55.00

DOCUMENT # L03000010430			
1. Entity Name DOUGLAS L. FITCH, LLC			
Principal Place of Business 2110 NORTHWEST 78TH PLACE GAINESVILLE FL 32653		Mailing Address 2110 NORTHWEST 78TH PLACE GAINESVILLE FL 32653	
2. Principal Place of Business 3437 W. University Ave.		3. Mailing Address 3437 W. University Ave	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32604		Zip 32604	
Country ALACHUA		Country ALACHUA	
4. FEI Number 34-1975680		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent FITCH, DOUGLAS L 2110 NORTHWEST 78TH PLACE GAINESVILLE FL 32653		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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>Douglas L. Fitch</i>		DATE <i>4/5/2004</i>	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
DOUGLAS L Fitch			
2110 NW 78 PLace			
Gainesville FL 32653			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
MGRM			
Tabitha L. Fitch			
SAME as above			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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>Douglas L. Fitch</i>		DATE: <i>4/5/2004</i>	
SECRETARY AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		COPIES PRICE: <i>352-514-6563</i>	

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MOORE CR2E083 (11/03)