


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000011202 1. Entity Name 904 HAWKINS ST. LC	
--	---

Principal Place of Business 3123 JOHN PARKWAY CLEARWATER, FL 33759	Mailing Address 3123 JOHN PARKWAY CLEARWATER, FL 33759
--	--

DO NOT WRITE IN THIS SPACE



02182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent ENRIGHT, MICHAEL M 3123 JOHN PARKWAY CLEARWATER, FL 33759
--

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENRIGHT, FRANK M 15181 FORD RD. APT. CC-133 DEARBORN, MI 48126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHOICE ONE PROPERTIES, INC. 3123 JOHN'S PARKWAY CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: 

2/24/2005

727-799-888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #