



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 032 ****55.00

DOCUMENT # L03000012113 1. Entity Name RAVAGO AND ASSOCIATES, LLC					
Principal Place of Business 3360 PINEWALK DR N #1334 MARGATE, FL 33063			Mailing Address 3360 PINEWALK DR N #1334 MARGATE, FL 33063		
2. Principal Place of Business 17730 N. Highway 27		3. Mailing Address 17730 N. Highway 27			
Suite, Apt. #, etc. Lot # 40		Suite, Apt. #, etc. Lot # 40			
City & State Clermont, FL		City & State Clermont, FL			
Zip 34715		Country USA		4. FEI Number 16-1659051	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent RAVAGO, JENNY C/O RAVAGO AND ASSOCIATES, LLC 3360 PINEWALK DR. N #1334 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17730 N. Highway 27 Lot # 40 City Clermont FL Zip Code 34715			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVAGO, JENNY 3360 PINEWALK DR N #1334 MARGATE, FL 33063	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLETTI, LOUIS 3360 PINEWALK DR N #1334 MARGATE, FL 33063	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 608, Florida Statutes.					
SIGNATURE:  Jenny Ravago 8/26/04 (352)394-0834					