

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012797

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** CHERYL L. FLOHR FAMILY, L.L.C.

**Current Principal Place of Business:**

5075 YACHT HARBOR DR. #203  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

5075 YACHT HARBOR DR. #203  
NAPLES, FL 34112

**New Mailing Address:**

4208 MORNING STAR DRIVE  
CASTLE ROCK, CO 80108-902

FEI Number: 20-0065823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLOHR, CHERYL L  
5075 YACHT HARBOR DR. #203  
NAPLES, FL 34112

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FLOHR, CHERYL L  
Address: 4208 MORNING STAR DRIVE  
City-St-Zip: CASTLE ROCK, CO 80108-902

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL L. FLOHR

MGRM

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date