


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90221 037 ****50.00

DOCUMENT # L03000012834	
1. Entity Name VOLLBERG, L.C.	

Principal Place of Business 2852 TAMiami TRAIL, SUITE 6 PORT CHARLOTTE, FL 33952	Mailing Address C/O DAVID A. HOLMES, ESQ. POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447
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64006001



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1472926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ. 99 NESBIT STREET FARR, FARR, EMERICH, SIFRIT, HACKETT AND PUNTA GORDA, FL 33950-3636		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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 608, Florida Statutes.

SIGNATURE: Carlton R. Vollberg 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
24032881
#L03000012834
VOLLBERG, L.C.

**WRITTEN STATEMENT IN LIEU OF ANNUAL MEETING
OF MEMBERS**

THE UNDERSIGNED, being the members of VOLLBERG, L.C., a Florida limited liability company (the "Company"), hereby consent to and adopt the following resolutions, taking said action in lieu of a meeting:

RESOLVED, that CARLTON VOLLBERG be and hereby is ratified as the manager of the Company with a term commencing the date hereof and ending at such time his successor is elected.

RESOLVED, that all the lawful actions on behalf of the Company taken by the members and the manager of the Company since the date of organization of this Company and prior to the date hereof are hereby ratified, approved and affirmed.

IN WITNESS WHEREOF, the undersigned hereby executes this written consent and adoption effective as of the date hereof.

DATED as of the 3/29 day of March, 2004.



CARLTON VOLLBERG, Member