

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-02-2004 90255 010 ****50.00

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| DOCUMENT # L03000013075 1. Entity Name HOWARD ROSEN MARCO ISLAND FAMILY LLC | | | | | |
| Principal Place of Business 5000 ROYAL MARCO WAY, APT. 337 MARCO ISLAND FL 33145 | | | Mailing Address 5000 ROYAL MARCO WAY, APT. 337 MARCO ISLAND FL 33145 | | |
| 2. Principal Place of Business NA | | 3. Mailing Address NA | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEL Number 30-0168454 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANKLIN, RICHARD S. ESQ. 3003 TAMAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103-2714 | | | 7. Name and Address of New Registered Agent Name HOWARD ROSEN Street Address (P.O. Box Number is Not Acceptable) 5000 ROYAL MARCO WAY APT 337 City MARCO ISLAND FL Zip Code 34145 | | |
| 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 HOWARD ROSEN, MANAGER 3/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. EXISTING MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MANAGER <input type="checkbox"/> Delete NAME HOWARD ROSEN STREET ADDRESS 5000 ROYAL MARCO WAY-APT 337 CITY-ST-ZIP MARCO ISLAND FL 34145 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE ASSIST MANAGER <input type="checkbox"/> Delete NAME SEMA ROSEN STREET ADDRESS 5000 ROYAL MARCO WAY-APT 337 CITY-ST-ZIP MARCO ISLAND, FL 34145 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 608, Florida Statutes. | | | | | |
| SIGNATURE: 3/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |