

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90111 007 ****50.00

DOCUMENT # L03000023078

1. Entity Name
ADVANCED RECREATIONAL CONCEPTS, LLC



Principal Place of Business
**109 E. 17TH STREET
ST. CLOUD, FL 34769 US**

Mailing Address
**109 E. 17TH STREET
ST. CLOUD, FL 34769 US**

24004881



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0520823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, RICHARD
524 SIMPSON ROAD
KISSIMMEE, FL 34744**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME ANTONACCI, DAVID
STREET ADDRESS 210 DOGWOOD AVE.
CITY-ST-ZIP MELBOURNE, FL 32951

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GONZALEZ, LAZARO
STREET ADDRESS 440 SEVENTH AVE.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KEY, COLLEEN
STREET ADDRESS 3083 FORREST CREEK DRIVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

[Signature] **Calley Key** 1/27/04 407-957-9499