

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90015 022 \*\*\*\*50.00

<b>DOCUMENT # L03000023225</b>					
<b>1. Entity Name</b> 1235 S.E. 2ND PLACE, LLC					
<b>Principal Place of Business</b> 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 US			<b>Mailing Address</b> 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 30-020620	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
Name				Name <u>JOSEPH E. VIACAVA JR</u>	
Street Address (P.O. Box Number is Not Acceptable)				Street Address <u>1415 NEWPORT STREET</u>	
City				City <u>FT MYERS FL</u>	
State				State <u>FL</u>	
Zip				Zip Code <u>33902</u>	
<b>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.</b>					
SIGNATURE <u>[Signature]</u>				DATE <u>4-15-2004</u>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LYNNE 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
<b>10. ADDITIONS / CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		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"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>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.</b>					
SIGNATURE <u>[Signature]</u>				DATE <u>4/15/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # <u>239-945-7475</u>	