## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 17, 2004 8:00 am Secretary of State

03-17-2004 90275 005 \*\*\*\*50 00

Mailing Address  1993 LINCON DRIVE SARASOTA, FL 34236  2. Principal Place of Business  Suite, Apt F, etc.  Suite, Apt F, etc.  Suite, Apt F, etc.  Cry & State  C	1. Entity Nam	MENI#1 ELOTHES, LI			03-17-2004	1902/3	JUS ******	50.00				
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Suite, Apt. #, etc.    City & State				1903 LINCOLN DRIVE								
City & State  Street Address of Current Registered Agent  The above named onthy submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am terral and accordance of the City of State Office of State Office or registered agent, or both, in the State of Florida. I am terral and accordance of the City of State Office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office of City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office or registered agent, or both, in the State of Florida. I am terral and accordance of the City office office or registered agent, or both, in the State of Florida. I am terral and accordance office office	2. Principal P	lace of Business	<u> </u>		· · · · · · · · · · · · · · · · · · ·							
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S. Name and Address of Current Registered Agent	City & State	е		City & State			4. FEI Number	5-0069	717	1	·	
VOINCER, DEBRA 1903 LINCOLN DRIVE SARASOTA, FL 34236  Entry  City  FL  Zip Codu  City  City  City  City  City  FL  Zip Codu  City  City  City  City  FL  Zip Codu  City  City  City  City  City  City  City  City  FL  Zip Codu  City  Cit	Zip	l l		'		try		······································	п	\$5.00 Act	itional	
Street Address (P.O. Box, Number is Not Acceptable)  Street Address (P.O. Box, Number is Not Acceptable)  Street Address (P.O. Box, Number is Not Acceptable)  City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordse. I am familiar with, and accept the obligations of registered agent are registered agent, or both, in the State of Fordse. I am familiar with, and accept the obligations of registered agent are registered agent, or both, in the State of Fordse. I am familiar with, and accept the obligations of registered agent agent are registered agent agent and after agent agent are registered Agent agent are registered Agent agent are remaining)  PITING Fig. 15 \$50.00  TITLE  MARK  YONKER, DEBRA		6. Name and	Address of Current R	egistereti Agent			7. Name and /	Address of New R	egistered A	\gent		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  Addition  Addition  FL  Zip Code  Addition  FL  Zip Co					-	Name					,	
8. The above named critity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature type of preference agent and state in application.   PACIE: Requirement Agent agreement removating.   DATE    Pacific Description   DATE	1903 LINC	OLN DRIVE				Street Address (	P.O. Box Number	r is Not Acceptable	)			
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