


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90453 036 \*\*\*\*50.00

**DOCUMENT # L03000025584**

1. Entity Name  
**PROMENADES CREDIT, LLC**



Principal Place of Business  
**2595 HARBOR BLVD., STE. 206  
 PORT CHARLOTTE, FL 33949**

Mailing Address  
~~C/O DAVID A. HOLMES, ESQ  
 POST OFFICE DRAWER 511447  
 PUNTA GORDA, FL 33951-1447~~


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2595 Harbor Blvd. #206**  
 Suite, Apt. #, etc.

City & State  
**Port Charlotte, FL**

Zip  
**33952**

Country  
**USA**



02032004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0998195**  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLMES, DAVID A ESQ  
 FARR, FARR, EMERICH, ET AL  
 99 NESBIT ST.  
 PUNTA GORDA, FL 33950-3636**

7. Name and Address of New Registered Agent

Name  
**KHALIDI, NAVEED**

Street Address (P.O. Box Number is Not Acceptable)  
**2595 Harbor Blvd. #206**

City  
**Port Charlotte FL** Zip Code  
**33952**

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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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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
		Manager Naveed Khalidi 2595 Harbor Blvd., Ste 206 Port Charlotte, FL 33949 33952	
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
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:** *Naveed Khalidi* **2 April 2004** 941-629-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #