

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

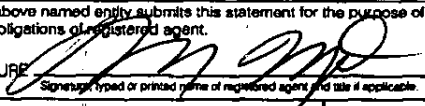
FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90027 030 ****50.00

34008030



04272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000025629					
1. Entity Name GILES MENAKER LLC					
Principal Place of Business 7120 LAKE ELLENOR DR ORLANDO, FL 32809			Mailing Address 7120 LAKE ELLENOR DR ORLANDO, FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2377649	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MENAKER, MITCH 7120 LAKE ELLENOR DR ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name MITCH MENAKER Street Address (P.O. Box Number is Not Acceptable) 4303 VINELAND ROAD # F-15 City ORLANDO FL Zip Code 32811		
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					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GILES, PATRICIA S 1727 ROBERTS LANDING DR WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENAKER, MITCH 7120 LAKE ELLENOR DR ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4303 VINELAND RD. STE. F15 ORLANDO, FL 32811		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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  Member 4-29-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					