

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-26-2004 90204 010 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000027219

1. Entity Name
LYNN, LEON & LYON GROUP, L.L.C.



Principal Place of Business
460 S. INDIANA AVE.
ENGLEWOOD, FL 34223

Mailing Address
460 S. INDIANA AVE.
ENGLEWOOD, FL 34223

34001502



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
20-0825642

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

DICKINSON, ROBERT A ESQ
460 S. INDIANA AVE.
ENGLEWOOD, FL 34223

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
PATRICIA L. HOUGH
7590 MANASOTA KEY RD
ENGLEWOOD, FL 34223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Patricia L. Hough, Trustee
7590 Manasota Key Rd.
Englewood, FL 34223

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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 expedite 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 #

February 22, 2004