

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

COR

04-13-2004 90334 004 *****50.00
L03000026784

FILED

04 MAY -4 PH 3:43

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

34004497



MOORE CR2083 (11/03)

54

DOCUMENT # L03000026784			
1. Entity Name MISTI, LLC			
Principal Place of Business 3611 S. TAMiami TRAIL PORT CHARLOTTE FL 33952		Mailing Address 3611 S. TAMiami TRAIL PORT CHARLOTTE FL 33952	
2. Principal Place of Business		3. Mailing Address	
S.B.S. Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <i>45-0520919</i>		Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAMAYO, NUMA 3611 S. TAMiami TRAIL PORT CHARLOTTE FL 33952		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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		DATE	
9. MANAGING MEMBERS / MANAGERS			
TITLE		ADDITIONS / CHANGES	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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)(c), 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 recorder is duly empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>X</i>		DATE: <i>3/8/04</i>	