


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

04-19-2004 90038 020 ****50.00

DOCUMENT # L03000029084

1. Entity Name
201 CIRCLE, LLC



Principal Place of Business Mailing Address
3790 ENCHANTED OAKS LANE **3790 ENCHANTED OAKS LANE**
SEBRING FL 33870 **SEBRING FL 33870**

34001302



MOORE CR2E083 (11/03)

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 **20-0132901** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RIMER, JAMES	3790 ENCHANTED OAKS LANE	SEBRING FL 33870	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *James Rimer* **JAMES RIMER** 4-15-04 863-414-1767

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