

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000029243 1. Entity Name ENDOGENY ENTERPRISES LLC	
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Principal Place of Business 2196 N.W. FORK ROAD STUART, FL 34994 US	Mailing Address PO BOX 1773 JENSEN BEACH, FL 34958-1773
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**DO NOT WRITE IN THIS SPACE**

02012004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0172594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, DAVID L  
2196 N.W. FORK ROAD  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

U00000054012  
02/16/04-80155-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, DAVID L 2196 N.W. FORK ROAD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, JANET L 2196 N.W. FORK ROAD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: David L. Moore / David L. Moore      2.13.04      561.309.9645

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