


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000029645
 1. Entity Name
 CEO, L.C.



Principal Place of Business 6150 WHISKEY CREEK DR. FT MYERS, FL 33919-8745	Mailing Address 6150 WHISKEY CREEK DR. FT MYERS, FL 33919-8745
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	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
 ZEHMER, JOHN H
 818 A1A NORTH, SUITE 301
 PONTE VEDRA BEACH, FL 32082

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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)

U00000157870
 05/06/04-80046-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEILL, CAROL E P.O. BOX 31362 SMB GRAND CAYMAN, CAYMAN ISLANDS,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Zehmer JOHN ZEHMER 5/1/04 704-280-0415 X225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #