

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

8/26

08-26-2004 90061 039 \*\*\*\*50.00

<b>DOCUMENT # L03000029995</b> 1. Entity Name <b>VIRGINIAS COUNTRY MANOR, LLC</b>					
Principal Place of Business <b>8140 NW 47 COURT LAUDERHILL, FL 33351 US</b>			Mailing Address <b>8140 NW 47 COURT LAUDERHILL, FL 33351 US</b>		
2. Principal Place of Business <b>Lauderhill, FL</b> <b>8140 NW 47 Ct. 33351</b>			3. Mailing Address <b>same</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Lauderhill, FL</b>			City & State <b>FL</b>		
Zip <b>33351</b>		Country <b>US</b>		Zip <b>33351</b>	
Country <b>US</b>		4. FEI Number <b>77-0612634</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				08202004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>SADLON, VIRGINIA A 9095 NW 35 PLACE SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 releasing) DATE _____					
Filing Fee is \$50.00 Due by September 8, 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 Virginia Sadlon 9095 NW 35 PL Sunrise, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(d), 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: <u>Virginia Sadlon</u> <u>Virginia Sadlon</u> 5/20/04 954-749-3879 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

(Managing member)



Attachment  
34610022

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 30, 2004

VIRGINIAS COUNTRY MANOR, LLC  
8140 NW 47 COURT  
LAUDERHILL, FL 33351 US

Subject: VIRGINIAS COUNTRY MANOR, LLC

Reference Number: L03000029995

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION