

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031574

FILED
Jan 16, 2004
Secretary of State

Entity Name: T.H.E. INDEPENDENT INVESTMENTS, LLC

Current Principal Place of Business:

1101 WISTERIA LANE
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

1101 WISTERIA LANE
NAPLES, FL 34105

New Mailing Address:

FEI Number: 55-0838466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSZEWSKI, LAURA CPA, PA
5401 TAYLOR ROAD, STE. 3
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

HICKS, SHIRLEY
1101 WISTERIA LANE
NAPLES, FL 34105 US

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.

SIGNATURE: SHIRLEY A. HICKS

01/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HICKS, SHIRLEY
Address: 1101 WISTERIA LANE
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: TOUPIN, CAROL
Address: 1101 WISTERIA LANE
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: EDMONDS, DEBORAH
Address: 1101 WISTERIA LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY A. HICKS

MGRM

01/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date