

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90018 006 \*\*\*\*50.00

DOCUMENT # L03000033443

1. Entity Name

MICANOPY MALL OF MEMORIES, LLC



Principal Place of Business  
502 NE CHOLOKKA BLVD.  
MICANOPY FL 32667

Mailing Address  
4132 NW 32ND STREET  
GAINESVILLE FL 32605

34607133



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Micanopy FL

4. FEI Number

43-2051401

Applied For

Not Applicable

Zip

Country

Zip

Country

32607 ALACHUA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METZ, NINA L  
4132 NW 32ND STREET  
GAINESVILLE FL 32605

Name NINA L. METZ

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 546 502 NE Cholo kka Blvd  
Micanopy FL 32667

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agents signature required when reissuing

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME METZ, NINA L  
STREET ADDRESS 4132 NW 32ND STREET  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE NINA L. Metz  
NAME NINA L. Metz  
STREET ADDRESS P.O. Box 546  
CITY-ST-ZIP Micanopy FL 32667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 502 NE Cholo kka Blvd  
STREET ADDRESS micanopy FL 32667  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

353-466-0665  
4-21-04