


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 007 ****50.00

DOCUMENT # L03000037005					
1. Entity Name T AND E DEVELOPMENT, LLC					
Principal Place of Business 2190 MUSKOGEE TRAIL NOKOMIS, FL 34275 US			Mailing Address 2190 MUSKOGEE TRAIL NOKOMIS, FL 34275 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 02-0707586			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, JAMES E III 1107 WEST MARION AVE. 112 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 reinstating)					
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 MANAGER EDGAR R. Hill 2190 MUSKOGEE TR NOKOMIS FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ASST. MANAGER TED EATON 2805 CURRY LANE NOKOMIS FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
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: _____ <i>MAN. EDGAR Hill MANAGER</i> 7/1/04 941-454-9167					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					