


FILED
May 27, 2004 8:00 am
Secretary of State

04-05-2004 90500 035 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (ARY)

DOCUMENT # LC3000037726			
1. Entity Name MONA LISA OF SANIBEL, L.L.C.			
Principal Place of Business 9224 9224 DIMMICK DR. SANIBEL FL 33957		Mailing Address 9224 9224 DIMMICK DR. SANIBEL FL 33957	
2. Principal Place of Business <i>[Signature]</i>		3. Mailing Address <i>[Signature]</i>	
Suite, Apt. #, etc. <i>[Signature]</i>		Suite, Apt. #, etc. <i>[Signature]</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0561685		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 COSTELLO, TRUMAN J ESQ 12870 NEW BRITANNY BLVD., STE. 101 FORT MYERS FL 33907		7. Name and Address of New Registered Agent Name Bob Trivett Street Address (P.O. Box Member is Not Acceptable) 9224 DIMMICK DRIVE City Sanibel FL 33957	
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 <i>[Signature]</i> DATE May 15, 2004			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
MANAGING MEMBERS / MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
Managing Member <input type="checkbox"/> Delete Bob Trivett 9224 Dimmick Drive Sanibel, FL 33957		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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)(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 806, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Bob Trivett / OWNER		DATE: 2004-05-15	

03007000



MOORE CR2E083 (11/03)