2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 12, 2004 8:00 am Secretary of State

1. Entity Narr	1e	# L030000378 ISES, L.L.C.		04-	26-2004 900	039 040 '	****50.00)			
Principal Plac	e of Business			1							
2509 BAYSI NOKOMIS F	HORE ROAL		2509 BAYSHORE RO	Mailing Address 2509 BAYSHORE ROAD NOKOMIS FL 34275				tale (∭			
2. Principal P	Place of Busin	ess	3. Mailing Address	Address							
Suite, Apt. #. etc.			Suite, Apr. #, etc.	Suite, Apt. #, etc.			MOORE	CR2E08	3 (11/03)		
City & State			City & State				pplied	For	() — 	plied For Applicable	
Zip	Country		Zip (Zip Coun		5. Certificate of	Status Desired		\$5.00 Addi Fee Required		
	6. Name	and Address of Curren	1 Registered Agent			7. Name and Ad	dress of New F	registered /	\gent		
	recul Eb		يهيد رجو عرفيت ينزسم		Name						
250	9 BAYSH KOMIS FL	, TIMOTHY C ORE ROAD _ 34275				(P.O. Box Number is	Not Acceptable	e)			
_								FL	Zip Code		
			for the purpose of changing	its register	ed office or registe	red agent, or both,	n the State of Fl	orida. Lam	lamiliar with,	and accept	
the obligations of registered agent. SIGNATURE											
	Signature, typed	or printed name of registered again	1. 75.2 palencer.	** \$25% 2 ' ** C	nd Agent signature require	d when reinslating)	"	DATE			
			Make Check Pays	FEE IS \$50.00 lorida Departme ay 1, 2004	ent of State						
9.		MANAGING MEME		10.	See St. A. 12 Apr. of \$1.00 and \$2.00	600 00 900690000	ADDITIONS	/CHANGES			
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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 armanading 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: Chris Tritschler an. 28, 2004											
SIGNATURE SIGNATURE AND TYPED OR PRINTED PROVIDE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOME DOWN PROVIDE P											