## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 06, 2004 8:00 am Secretary of State 04-20-2004 90190 014 \*\*\*\*50.00

DOCUMENT # L03000040403  1. Enlity Name ERINELIZ, LLC					04-20-2004 90190 014 ****50.00				
Principal Place		Mailing Address		_			0.54		n
3912 <del>-dunzif</del>   Valrico, fl		3912 <del>Dunžir</del> e drive Valrico, fl. 33594			34005330				
	_			_					IN IU AT İ
2. Principal Place of Business 3912 Dunaire Drive		3. Mailing Address 3912 Dunaire Drive						## <b>618% 8888</b> 118	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04	1082004	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State			FEI Number	2000	0	<b>———</b>	plied For
Valrio Zip	co, Florida Country	Valrico, Florida Zip Country			Not Applicable \$5.00 Additional				
33594	Hillsborough_	33594	Hillsboroug	<u>'n </u>		Status Desired		Fee Required	
6. Name and Address of Current Registered Agent 7.						ddress of New Ri	egistered	Agent	
	MES P JR PORTON TO THE PARK AVENUE		Street A	ddress (P.O.	Box Number	is Not Acceptable	) - ~		
	L 33606 Seg		Gloss Accided (1.0, con National National States)						
%	₹° Æ; v.s							1 = 5	
	we will be a second of the sec		City				FL	Zip Code	
	named entity submits this statement to ions of registered agent.	the purpose of changing its	registered office o	r registered a	gent, or both,	in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.									
<u></u>	Signature, typed or printed name of registered agent a	ind trie if applicable. (NOT	E: Registered Agent signal	net required when	renstating)	κ.	DATE		
) FJ Di	iling Fee is \$50.00 ue by May 1, 2004							eyable to ent of State	
9.	MANAGING MEMBE	RS/MANAGERS	10,			ADDITIONS/	CHANGES		
TITLE NAME	11 July 1	☐ Delete	TITLE Name	MARY	AGER	MINGS		Change	Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	37.12	DUNA	MINGS IREOR L 3359	11		{
TITLE	·	☐ Delete	TITLE	MELLE		<u> </u>	7-	☐ Change	Addition
NAME Street address			NAME	E0111	CISELL	UINIS IREDEI	U.		۲,
CITY-ST-ZIP			STREET ADDRESS City-St-ZIP	VALRI	10. E.	. 33.59.	Ĭ		
TRLE		□ Delete	TITLE				1	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			•			
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE			7771.6					Change	Addition
NAME .		☐ Delete	TITLE NAME						
NAME STREET ADDRESS	- <del></del>	☐ Delete	NAME STREET ADDRESS					•	l
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	·				. ·	- Addilla-
STREET ADDRESS		□ Delete	NAME STREET ADDRESS					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· <del>-</del> .				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP ETTLE TABLE STREET ADDRESS CITY-ST-ZIP 11.   hereby	pertify that the information supplied with	Delete  Detete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP On the exemption size	ted in Section	119.07(3 <u>)</u> (i)	Florida Statutes. I	further ce	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	Delete  Detete  Detete  this filling does not qualify for that my signature shall have	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OF the exemption size the exemption size the same legal effe	ct as if made	under oath: 1	hat I am a manad	further ce	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE 11. I hereby of indicated	on this report is true and accurate and bility company or the receiver or trustee	Delete  Detete  Detete  this filling does not qualify for that my signature shall have	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption size the same legal effatoreport as required	ct as if made by Chapter 60	under oath; 1 08, Florida St	hat I am a manad	ing memb	Change	Addition