

FROM : ERIK LARSEN

FAX NO. :

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90122 039 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000042674			
1. Entity Name FISHER ENTERPRISES USA, LLC			
Principal Place of Business 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US		Mailing Address 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 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		Appraisal Fee Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LARSEN, ERIK C 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789		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 _____ DATE _____ Signature typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, ALAN P 42 BARRHILL AVENUE BRIGHTON, SUSSEX, UK BN1 8UF	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, GAIL S 42 BARRHILL AVENUE BRIGHTON, SUSSEX, UK BN1 8UF	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
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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 exemptions 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 509, Florida Statutes.			
SIGNATURE: <i>Alan Fisher</i>		ALAN FISHER 1-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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