## **2004 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT #1 03000043170

THE STO

FILED Jan 15, 2004 8:00 am Secretary of State

1. Entity Nam	e	ATIONS, LLC					01-15-2004	90092 012	1 30	.00
Principal Place of Business 274 PLANTATION DRIVE HAVANA, FL 32333			Mailing Address 274 PLANTATION DRIVE HAVANA, FL 32333			240 	01663		 	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Numbe	07 4417	<u>o</u> .	$\rightarrow$	plied For t Applicable	
Zip	p Country		Zip Country			5. Certificate of Status Desired Speech Speech Status Desired Speech Spe				
6. Name and Address of Current R			egistered Agent			* 7. Name and	Address of New I	registered Ag	ent	
		r		Na Na	ame					1
HUBER, MARY 274 PLANTATION DRIVE HAVANA, FL 32333			Street Address (			(P.O. Box Numb	er is Not Acceptab	le)		
HAYANA,	1 6 02000					_				
					City FL Zip Code					
	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	registered of	ffice or registe	ered agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept.
SIGNATURE .	Signature, typed	or printed name of registered agent at	nd title if applicable. (NOT	FE: Registered Ager	nt signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004										
Fi D	iling Fee i ue by May	is \$50.00 y 1, 2004						ke check pa la Departme	-	<b>3</b>
9.	iling Fee i ue by May	is \$50.00 y 1, 2004 MANAGING MEMBER	RS/MANAGERS	10.			Fiorid	•	-	•
	MGRM		RS/MANAGERS	10. TITLE NAME			Fiorid	a Departme	-	Addition
9. TITLE	MGRM HUBER, F 274 PLAN	MANAGING MEMBER		TITLE	1		Fiorid	a Departme	nt of State	
9. TITLE NAME STREET ADDRESS	MGRM HUBER, F 274 PLAN	MANAGING MEMBER ROY MARTIN ITATION DRIVE		TITLE NAME STREET ADI	1		Fiorid	a Departme	nt of State	
9. TITLE NAME STREET ADDRÉSS CITY-ST-ZIP TITLE NAME	MGRM HUBER, F 274 PLAN HAVANA, MGR HUBER, N	MANAGING MEMBER ROY MARTIN ITATION DRIVE FL 32333 MARY	□ Delete	TITLE NAME STREET ADI CITY-ST-Z TITLE NAME	tiP		Fiorid	a Departme	nt of State	. Addition
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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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u> PONATEI</u>