

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043505

**FILED**  
**Jul 15, 2004**  
**Secretary of State**

**Entity Name:** ALAN C. LEWIS, LLC

**Current Principal Place of Business:**

1041 W.ARIEL RD.  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

**Current Mailing Address:**

3204 QUEEN PALM DR.  
EDGEWATER, FL 32141 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEWIS, ALAN C  
3204 QUEEN PALM DR  
EDGEWATER, FL 32141 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEWIS, ALAN C  
Address: 3204 QUEEN PALM DR.  
City-St-Zip: EDGEWATER, FL 32141 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: ALAN C. LEWIS

MGR

07/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date