2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # L03000043817 1. Entity Name 02-12-2004 90115 009 ****50.00 WILLOW BEND ENTERPRISES, LLC Principal Place of Business Mailing Address 250 WILLOW BEND WAY OSPREY FL 34229 250 WILLOW BEND WAY OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERTIG, RICHARD Street Address (P.O. Box Number is Not Acceptable) 250 WILLOW BEND WAY OSPREY FL 34229 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. and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change ☐ Addition □ Delete NAME FERTIG, RICHARD NAME STREET ADDRESS STREET ADDRESS 250 WILLOW BEND WAY CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #