


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 OCT -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| L03000044031 | | | |  | |
| 1. Entity Name F.G.C.E., LLC | | | | | |
| Principal Place of Business 26491 TRINILAS ST. PUNTA GORDA, FL 33983 | | | Mailing Address P.O. BOX 494331 PORT CHARLOTTE, FL 33949 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 09302004 | |
| 4. FEI Number 33-1077319 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$5.00 <input type="checkbox"/> U.S. \$ 1.00 | |
| 6. Name and Address of Current Registered Agent GORMAN, MICHAEL W 26491 TRINILAS ST. PUNTA GORDA, FL 33983 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MICHAEL W GORMAN 26491 TRINILAS ST PUNTA GORDA, FL 33983 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMAS TRENOLLY 26491 TRINILAS ST PUNTA GORDA, FL 33983 | | <input type="checkbox"/> Delete | 400041570184 10/04/04--01036--010 **50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 9-30-04 <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |