


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

07-16-2004 90142 002 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044347			
1. Entity Name JUST THE TWO OF US, LLC			
Principal Place of Business 906 SW 4TH PLACE CAPE CORAL, FL 33991		Mailing Address 906 SW 4TH PLACE CAPE CORAL, FL 33991	
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 383692065		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAM, LAWRENCE 906 SW 4TH PLACE CAPE CORAL, FL 33991		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 <u>X Lawrence Ham</u> DATE <u>July 12, 2004</u> <small>Signature, typed or printed name of registered agent and use 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	MGRM HAM, LAWRENCE 906 SW 4TH PLACE CAPE CORAL, FL 33991 <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	MGRM HAM, DIANE 906 SW 4TH PLACE CAPE CORAL, FL 33991 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Lawrence Ham</u> DATE <u>July 12, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

Attachment 34010058

Thomas R. Louwers, M.S.T.

#L03000044347

TAX CONSULTING & ACCOUNTING SERVICES

1619 Periwinkle Way, Suite 102 • Sanibel Island, FL 33957 • (239) 472-5152 • Fax (239) 472-5183

July 9, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

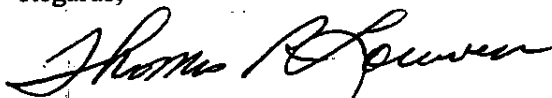
RE: Just The Two Of Us, LLC
#L03000044347

The taxpayer has received a Notice of Intent to Dissolve. Documents were filed with the Department of State on November 7, 2003 for JUST THE TWO OF US, LLC. The client is not aware of receiving forms from the Florida Department of State regarding the annual report.

This is the first notice the taxpayer has received. Please accept the filing of the signed report and the payment in the amount of \$50.00 for the year 2004. The taxpayer is requesting any penalties be abated for reasonable cause.

If you have any questions, please contact my office.

Regards,



Thomas R. Louwers, M.S.T.

Lawrence Ham Lawrence Ham dated July 12, 2004

Attachment-
34010058
W3000044347



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

JUST THE TWO OF US LLC
HAM LAWRENCE MEMBER
906 SW 4TH PL
CAPE CORAL FL 33991

DATE OF THIS NOTICE: 11-21-2003
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 38-3692065
FORM: SS-4 NOBOD 0000000393
02332646684 B

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.
IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

X