


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90093 001 ****55.00

DOCUMENT # L03000045918

1. Entity Name
SANTIAGO TOLEDO, LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address

**5920 HARBOR CHASE CIR.,
 SUITE # 6
 ORLANDO, FL 32839** **P.O. BOX 592084
 ORLANDO, FL 32859 US**

2. Principal Place of Business 3. Mailing Address

918 Kensington Dr. Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State City & State

Orlando, Fl. **Orlando, FL**

Zip Country Zip Country

32808 **orange.**



07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For

30-0216257 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOLEDO, SANTIAGO SR.
 5920 HARBOR CHASE CIR.
 SUITE #6
 ORLANDO, FL 32839**

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 **Santiago Toledo** DATE **7/2/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, SANTIAGO SR.		NAME		
STREET ADDRESS	5920 HARBOR CHASE CIR., SUITE #6		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Santiago Toledo** DATE **7/2/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #