


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90028 042 \*\*\*\*50.00

<b>DOCUMENT # L03000046118</b>	
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<b>Principal Place of Business</b> 6625 WOODY COURT LEESBURG, FL 34748	<b>Mailing Address</b> 6625 WOODY COURT LEESBURG, FL 34748
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01202004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 33-1075922	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
WAGNER, CLARON D 6625 WOODY COURT LEESBURG, FL 34748

<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER PROPERTIES, INC. 2200 MONTCLAIR ROAD, SUITE 101 LEESBURG, FL 34748 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODY WAGNER, INC. 6625 WOODY COURT LEESBURG, FL 34748 <input type="checkbox"/> Delete	<b>TITLE</b> 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.**

**Woody Wagner, Inc.** **MGRM** **03/18/04 352/787-4898**  
**SIGNATURE: By:**  **Claron D. Wagner, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #