## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 12, 2004 8:00 am **Secretary of State DOCUMENT # L03000047293** 07-12-2004 90133 040 \*\*\*\*50.00 FISCHER CONSULTING, LLC Principal Place of Business Mailing Address 3021 GAINESBOROUGH COURT 3021 GAINESBOROUGH COURT **エオロドロウィ** NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-044451 Applied For City & State City & State Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, RONALD P Street Address (P.O. Box Number is Not Acceptable) 3021 GAINESBOROUGH COURT NAPLES, FL 34105 Zip Code FL 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. (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITI E ☐ Delete Change ■ Addition FISCHER, RONALD P NAME : ". NAME . STREET ADDRESS 3021 GAINESBOROUGH COURT STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TIFLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITHE ☐ Change ☐ 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.

FILED