


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED AND FILED
04 MAR 26 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049164 1. Entity Name ROBERT FELLMAN PAINTING & WATERPROOFING, LLC		
Principal Place of Business 1923 LIME TREE DRIVE EDGEWATER FL 32141		Mailing Address 1923 LIME TREE DRIVE EDGEWATER FL 32141
2. Principal Place of Business 1923 Lime Tr. Dr. SAME	3. Mailing Address 1923 Lime Tr. Dr. SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Edgewater SAME	City & State Edgewater FL SAME	4. FEI Number NOT applicable
Zip 32141 SAME	Country USA	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent FELLMAN, ROBERT 1923 LIME TREE DRIVE EDGEWATER FL 32141	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP Robert Fellman 1923 Lime Tr. Dr. Edgewater, FL 32141	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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)(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: <i>Robert Fellman</i> Robert Fellman 2/22/04		

02-27-04 90196 024 \$50.00

RB