2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# L03000049533

Entity Name: TECHNIK PLUS LLC

Current Principal Place of Business:

1001 LEHIGH E. RD
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1035
LEHIGH ACRES, FL 339701035

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIENKE, PEDRO
1001 LEHIGH E. RD
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WIENKE, PEDRO
Address: P.O. BOX 1035
City-St-Zip: LEHIGH ACRES, FL 339701035

Title: MGRM ( ) Delete
Name: WIENKE, KIM E
Address: P.O. BOX 1035
City-St-Zip: LEHIGH ACRES, FL 339701035

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WIENKE, PEDRO
Address: P.O. BOX 1035
City-St-Zip: LEHIGH ACRES, FL 339701035

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PEDRO WIENKE MGRM 02/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date