


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050645		
1. Entity Name LIMESA, L.L.C.		

FILED

04 OCT -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282004 Chg-LLC CR2E083 (10/03)

Principal Place of Business C/O 2330 HIGHWAY #92 DELAND, FL 32724	Mailing Address C/O P.O. BOX 1476 DELAND, FL 32724	} Same
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2. Principal Place of Business 309 Violetwood Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DeLand, Florida		City & State	
Zip 32721	Country USA	Zip	Country

4. FEI Number	Applied For <input 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 BAXLEY, MILTON H II C/O 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
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 NAME STREET ADDRESS CITY-ST-ZIP	Managing member Gail Pullara 959 Wisconsin Ave. DeLand, Florida 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/26/04 90056 028 \$50.00
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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)(l), 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: Gail Pullara, Managing member	Date: 9/28/04 (386) Daytime Phone #: 740-7045