

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051656

FILED
Apr 27, 2004
Secretary of State

Entity Name: CHRISTIAN FENEX AND ASSOCIATES, LLC

Current Principal Place of Business:

P.O. BOX 2533
PALM CITY, FL 34991

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2533
PALM CITY, FL 34991

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:

BRECHBILL, MARK
215 S FEDERAL HWY, STE 100
STUART, FL 34994 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: FENEX, CHRISTIAN
Address: P.O. BOX 2533
City-St-Zip: PALM CITY, FL 34991

Title: MGR () Delete
Name: GREGORY, NANCY
Address: P.O. BOX 2533
City-St-Zip: PALM CITY, FL 34991

ADDITIONS/CHANGES:

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

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: CHRISTIAN FENEX

MGR

04/27/2004

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