


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

06-29-2004 90057 015 \*\*\*\*50.00

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # L03000052327</b><br>1. Entity Name<br><b>NELESCA GROUP LLC</b>  |   |                                 |  |  |  |
| Principal Place of Business<br><b>2550 GREENWOOD DRIVE<br/>KISSIMMEE, FL 34744</b>  |   |                                 | Mailing Address<br><b>2550 GREENWOOD DRIVE<br/>KISSIMMEE, FL 34744</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |                                 | City & State   |   |  |
| Zip   |   | Country                         |  | Zip   |  |
| Country   |   | Country                         |  | 4. FEI Number<br><b>20-0510496</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BENAVIDES, SILVIA<br/>2550 GREENWOOD DRIVE<br/>KISSIMMEE, FL 34744</b>  |   |                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE: <i>[Signature]</i> DATE: <b>6/23/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2004</b>   |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENAVIDES, SILVIA<br>2550 GREENWOOD DR.<br>KISSIMMEE, FL 34744    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Benavides Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENAVIDES, GUILLERMO<br>2550 GREENWOOD DR.<br>KISSIMMEE, FL 34744 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Benavides Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENAVIDES, NELSON<br>2550 GREENWOOD DR<br>KISSIMMEE, FL 34744     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Benavides, Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Benavides, Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Benavides, Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Benavides, Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Benavides, Sergio<br>2550 Greenwood Dr.<br>Kissimmee 34744                | <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. |   |                                 |  |   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i>  |   |                                 | <b>6/23/04</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                                 | <small>Date Daytime Phone #</small>  |   |  |