


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90560 039 *****50.00

| | |
|---|---|
| DOCUMENT # L03000052765 |  |
| 1. Entity Name VALERIE WAGNER & ASSOCIATES, LLC | |

| | |
|--|--|
| Principal Place of Business 29 MARK TWAIN LANE ROTONDA WEST FL 33947 | Mailing Address 29 MARK TWAIN LANE ROTONDA WEST FL 33947 |
|--|--|

29031312



MOORE CR2E083 (11/03)

| | |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 555 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | |
|--------------------------------------|------------------------------------|--|
| City & State Englewood, FL | 4. FEI Number 32-0101139 | Applied For <input type="checkbox"/> Not Applicable |
|--------------------------------------|------------------------------------|--|

| | | |
|---------------------|-----------------------|---|
| Zip 34295 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|---------------------|-----------------------|---|

| |
|---|
| 6. Name and Address of Current Registered Agent |
| WAGNER, VALERIE T 29 MARK TWAIN LANE ROTONDA WEST FL 33947 |

| |
|--|
| 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.

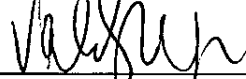
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WAGNER, VALERIE T 29 MARK TWAIN LANE ROTONDA WEST FL 33947 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  **3/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #