


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90067 030 \*\*\*\*50.00

**DOCUMENT # L03000055101**

1. Entity Name  
 3661 TAMiami TRAIL, L.L.C.



Principal Place of Business  
 234 S. WATERWAY DRIVE  
 PORT CHARLOTTE, FL 33952

Mailing Address  
 234 S. WATERWAY DRIVE  
 PORT CHARLOTTE, FL 33952

**24060571**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
 201043517

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DUBBANEH, ANTON  
 234 S. WATERWAY DRIVE  
 PORT CHARLOTTE, FL 33952

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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 checked="" type="checkbox"/> Addition
MGRM	DUBBANEH, ANTON	234 S. WATERWAY DR	PORT CHARLOTTE, FL 33952		
MGRM	DUBBANEH, NAWAL	234 S. WATERWAY DR	PORT CHARLOTTE, FL 33952		
MGRM	DUBBANEH, CHARLIE	6 HIBISCUS DR	PUNTA GOLDA FL 33952		
MGRM	DUBBANEH, SARAH	6 HIBISCUS DR	PUNTA GOLDA, FL 33952		

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:** *Anton Dubbaneh*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_