

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055749

Entity Name: 2608 FIRST STREET, LLC

FILED  
Apr 20, 2004  
Secretary of State

## Current Principal Place of Business:

2608 FIRST STREET  
FORT MYERS, FL 339161806

## New Principal Place of Business:

## Current Mailing Address:

2608 FIRST STREET  
FORT MYERS, FL 339161806

## 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:

EDY, WILLIAM T ATTY.  
201 NICHOLAS PARKWAY WEST  
CAPE CORAL, FL 339912590 US

## Name and Address of New Registered Agent:

ARTUSO, THERESA  
2608 FIRST STREET  
FT. MYERS, FL 339161806 US

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: THERESA ARTUSO

04/20/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: ARTUSO, THERESA  
Address: 2608 FIRST STREET  
City-St-Zip: FT. MYERS, FL 339161806 US

Title: MGRM ( ) Change (X) Addition  
Name: EDWARDSON, CHERYL B  
Address: 2608 FIRST STREET  
City-St-Zip: FT. MYERS, FL 339161806

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: THERESA ARTUSO

MS.

04/20/2004

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