


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90270 049 \*\*\*\*50.00

<b>DOCUMENT # L03000057076</b> 1. Entity Name <b>NATHALIE SCHIFFELEERS LLC</b>					
Principal Place of Business <b>1707 36TH AVENUE VERO BEACH, FL 32960</b>			Mailing Address <b>1707 36TH AVENUE VERO BEACH, FL 32960</b>		
2. Principal Place of Business <b>1707 36th AV</b>		3. Mailing Address <b>1707 36th AV</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VERO BEACH FL 32960</b>		City & State <b>VERO BEACH FL</b>		4. FEI Number <b>54-2145874</b>	
Zip <b>32960</b>		Country <b>INDIAN RIVER</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>32960</b>		Country <b>INDIAN RIVER</b>		6. Name and Address of Current Registered Agent	
SCHIFFELEERS, NATHALIE 1707 36TH AVENUE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <u>Nathalie Schiffeleers</u> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>3/15/04</u>	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER NATHALIE SCHIFFELEERS 1707 36th AV VERO BEACH FL 32960 <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				
<b>10. ADDITIONS/CHANGES</b>					
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: <u>Nathalie Schiffeleers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>3/15/04</u> 772 562 9822 <small>Daytime Phone #</small>	