

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90203 013 \*\*\*\*55.00

**DOCUMENT # L04000000677**

1. Entity Name  
**FUGATE ENTERPRISES, LLC**



Principal Place of Business

**8311 BOWEN ROAD  
BAKER, FL 32531**

Mailing Address

**8311 BOWEN ROAD  
BAKER, FL 32531**

**24014688**

2. Principal Place of Business

**FT. WALTON BEACH FLA**

Suite, Apt. #, etc.

**98 EGLIN PARKWAY NE #3**

City & State

**FT. WALTON BEACH FLA**

Zip  
**32548**

Country  
**USA**

3. Mailing Address

**BELOW**

Suite, Apt. #, etc.

**98 EGLIN PARKWAY NE #3**

City & State

**FT. WALTON BEACH FLA**

Zip  
**32548**

Country  
**USA**

02022004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**90-0133593**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FUGATE, DONALD R  
8311 BOWEN ROAD  
BAKER, FL 32531**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**MGR  
FUGATE, JANET R  
8311 BOWEN ROAD  
BAKER, FL 32531** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**PARTNER/manager**

**FEBRUARY 18, 2004**

**850-314-7587**