

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
Sep 08, 2004 8:00 am  
Secretary of State

08-04-2004 90075 001 \*\*\*150.00

<b>DOCUMENT # L04000001084</b> 1. Entity Name <b>84 BRYNWOOD PRESERVE, LLC</b>																																																																							
Principal Place of Business <b>1004 COLLIER CENTER WAY #204 NAPLES FL 34110</b>				Mailing Address <b>1004 COLLIER CENTER WAY #204 NAPLES FL 34110</b>																																																																			
2. Principal Place of Business		3. Mailing Address																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																					
City & State		City & State																																																																					
Zip		Country		Zip																																																																			
Country		Country		8. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																			
6. Name and Address of Current Registered Agent  <b>HOLZHAUSEN, GARY III 1004 COLLIER CENTER WAY #204 NAPLES FL 34110</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																			
9. 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 _____ <small>Signature, typed or printed name of registered agent and file it separately. (NOTE: Registered Agent signature required when releasing)</small>																																																																							
<b>FILE NOW!!! FEE: \$50.00</b> Make Check Payable to Florida Department of State Due By: September 8, 2004																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						MANAGING MEMBERS/MANAGERS			ADDITIONS/CHANGES			TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition									<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition									<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition									<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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>Gary Holzhausen</u> <span style="float: right;">Date: <u>9/1/04</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																							

*Attachment*



*34010302*

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 27, 2004

84 BRYNWOOD PRESERVE, LLC  
1004 COLLIER CENTER WAY #204  
NAPLES, FL 34110

Subject: 84 BRYNWOOD PRESERVE, LLC

Reference Number: L04000001064

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

*Enter "n/a"*

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314



RAYMOND J. BOWIE, ESQ.  
ATTORNEY & COUNSELOR AT LAW  
INTERNATIONAL / CIVIL LAW NOTARY  
BOARD CERTIFIED IN REAL ESTATE LAW

900 SIXTH AVENUE SOUTH, SUITE 104  
NAPLES, FLORIDA 34102  
(239) 435-1007 FAX: (239) 435-0021  
RealtyCounsel@earthlink.net

Attachment 340.10302

40266000 KLV

Please find enclosed with  
requested information provided by  
our client.

Please note all are single-  
member LLC's treated as a  
"non-entity" for tax purposes by  
the IRS hence using the  
single member's Social Security #  
for tax filings.

"N/A" added for FEI.

"MORM" added to

name of sole member.