2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR)		FILED	
DOCUMENT # L9400000349 1. Entity Name				Feb 09, 2004 08:00 AM Secretary of State	
FLOURIS	HES, L.C.			7	
Principal Plac	e of Business	Mailing Address		<u> </u>	~
4140 LYRIC LANE PENSACOLA FL 32514		4140 LYRIC LANE PENSACOLA FL 32514			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E083 (11/03)	
City & State		City & State		4. FEI Number 59-3230840 Applied For Not Applied For	ole
Zıp	Country	Zıp	Country	Certificate of Status Desired	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent	<u> </u>
			Name		
PYE, DEVOTA B 6505 CHELSEA STREET PENSACOLA FL 32506			Street Address	ss (P.O. Box Number is Not Acceptable)	
, =1	IOAGOLA I E 32300	·			
			City	FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accep	oì ~
SIGNATURE	Signature, typod or printed name of registered age	ent and title if applicable (NOTE	Registered Agent signature requi	ured when reinstating) DATE	
		FILE NO	W!!! FEE IS \$50.00	0	
		Make Check Payable			
		Due	By May 1, 2004	Company of the Compan	
9.	MANAGING MEME	BÉRS/MANAĞERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	Delete	TITLE	☐ Change ☐ Addition	on
NAME	CARUSO, JANET P		NAME	U00000042735	
STREET ADDRESS	4140 LYRIC LANE	' <u>=</u>	STREET ADDRESS	02/10/04-80036-019 50.00	
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
title Name	MGRM CARUSO, MICHAEL L	☐ Delete	TITLE	☐ Change ☐ Additio	en -
STREET ADDRESS	4140 LYRIC LANE		STREET ADDRESS		
GITY-ST-ZIP	PENSACOLA FL 32514		CITY-ST-ZIP		
FITLE		☐ Delete	TITLE	☐ Change ☐ Addition	on
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-SY-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Addition	DΠ
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change ☐ Addition	ou
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY · SI - ZIP	The same	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition	JΠ
STREET ADDRESS			STREET ADDRESS		
CITY-ST-7!P			CITY-ST-ZIP		
11. I hereby	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
Indicated Imited lia	on this report is true and accurate ar bility company or the receiver or trust	nd that my signature shall have t tee empowered to execute this r	ne same legal effect as i eport as required by Cha	if made under oath, that I am a managing member or manager of the lapter 608, Florida Statutes.	

SIGNATURE: Michael L Carus Michael L. Caruso 1850 475-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Despire Phone #