2004 LIMITED LIABILITY COMPANY - ANNUAL REPORT

DOCUMENT # L94000000646

FLORIDA GULF LIMITED COMPANY



FILED Jan 15, 2004 08:00 AM **Secretary of State**

Principal Place of Business

L'ELEGANCE

1800 BENIAMIN FRANKLIN - A101

SARASOTA, FL 34236

Mailing Address **GLEN SCHAFFERT** 4005 CROYDON DRIVE N.W. CANTON, OH 44718



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
31-1423846	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHAFFERT, GLEN A 1800 BENJAMIN FRANKLIN DR., A101 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8. The at the ob	bove named entity submits this statement for the purpose of ch oligations of registered agent.	nanging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept	
SIGNATU	IRE	.2		
Signature, typod or printed name of registered agent and title il applicable (INOTE, Registered Agent signature required when reinstating) OATE				
	Filing Fee is \$50.00 Due by May 1, 2004			
9,	MANAGING MĒMBERS/MANAGERS			
TITLE	MGRM			
	DAVED DONALD T			

BAKER, DONALD T STREET ADDRESS 23512 QUAIL HOLLOW DR. CITY-ST-ZIP WESTLAKE, OH MGRM HITLE SCHAFFERT, GLEN A NAME STREET ADDRESS 4005 CROYDON DR., NW CANTON, OH CETY - ST - ZIP TITLE NAME STREET ADDRESS CSTV-ST-7/P RITLE NAME STREET ADDRESS CITY-ST-ZIP BILE STREET ADDRESS CITY+ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

U00000005704 01/15/04-80062-014 50.00

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11. Chereby certify that the information supplied with this filling 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 firmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CLEN K SCHRESOT

SIGNATURE: Plan a

URE: <u>Clain at Scha 44-t</u> signature and typed or printed name of signific managing member, or authorized representative

330-255-5202

Daytime Phone #