


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90431 044 \*\*\*\*50.00

<b>DOCUMENT # L95000000983</b>	
1. Entity Name ALLARD FAMILY L.C.	

Principal Place of Business 231 ALBI RD APT #4 NAPLES, FL 33962	Mailing Address 231 ALBI RD APT #4 NAPLES, FL 33962
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24021007



2. Principal Place of Business 333 Allard Drive Suite, Apt. #, etc.	3. Mailing Address 333 Allard Drive Suite, Apt. #, etc.
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03022004 Chg-LLC CR2E083 (10/03)

City & State Manchester, NH	City & State Manchester, NH
Zip 03102	Country

4. FEI Number 65-0637049	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SWOPE, RICHARD L 8955 FONTANA DEL SOL WAY NAPLES, FL 34109	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLARD, RAYMOND M 231 ALBI RD APT #4 NAPLES, FL 33962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 Allard Drive Manchester, NH 03102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 	3/14/04 603-644-8264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #