


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90277 047 ****50.00

DOCUMENT # L96000001028

1. Entity Name
ROD & REEL MOTEL, L.C.



Principal Place of Business
**877 NORTSHORE DRIVE
 ANNA MARIA, FL-34216**

Mailing Address
**713 KEY ROYALE DR
 HOLMES BEACH, FL 34217**

24023754



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**SHOAF, MARGARET CPA
 2100 S. TAMiami TR., #200
 SARASOTA, FL 34239**

4. FEI Number
65-0697351

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOENFELDER, MARIO 713 KEY ROYAL DRIVE HOLMES BEACH, FL 34217 <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	MGRM SCHOENFELDER, CHRISTIANE 713 KEY ROYAL DRIVE HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: *M Schoenfelder* **MARIO SCHOENFELDER** 03-15-04 (941) 778 2661

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