

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90287 042 ****50.00

DOCUMENT # L97000000893

1. Entity Name

CHRISAMI, L.C.



Principal Place of Business

C/O HANS TANNER
8370 EXCALIBUR CIRCLE STE
NAPLES FL 34108

Mailing Address

P.O BOX 770670
VANDERBILT BEACH FL 34107

2. Principal Place of Business *8370 Excalibur
C/O HANS TANNER, Circle*

3. Mailing Address

P.O. Box 770670

Suite, Apt. #, etc.

Suite J6

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

NAPLES, Florida

Zip

34108

Country

USA

Zip

34107

Country

USA

4. FEI Number

59-3463948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, LANA J
8370 EXCALIBUR CIRCLE
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

LANA J. SULLIVAN

Street Address (P.O. Box Number is Not Acceptable)

8370 Excalibur Circle, Suite J6

City

NAPLES

FL

Zip Code

34108

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

LANA J. SULLIVAN

4/8/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TANNER, HANS E
8370 EXCALIBUR CIRCLE STE J6
NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
YELLOW CREEK COMPANY, INC.
8370 EXCALIBUR CIRCLE STE J6
NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/04 (239) 514-4458