

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90350 041 ****50.00

DOCUMENT # L98000001455

1. Entity Name

DEJA VIEW, L.L.C.



Principal Place of Business

137 SEABREEZE AVENUE
DELRAY BEACH FL 33483

Mailing Address

137 SEABREEZE AVENUE
DELRAY BEACH FL 33483

24032060



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0856690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, DEBORAH E
137 SEABREEZE AVENUE
DELRAY BEACH FL 33483

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

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BENNETT, JOHN C
STREET ADDRESS 137 SEABREEZE AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE MGRM ☐ Delete
NAME BENNETT, DEBORAH E
STREET ADDRESS 137 SEABREEZE AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE MGRM ☐ Delete
NAME BENNETT, ELIZABETH B
STREET ADDRESS 137 SEABREEZE AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Deborah E Bennett* DEBORAH E BENNETT

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

3/24/04 (561) 274-8860

Date Daytime Phone #