


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002205 1. Entity Name LUTGEN MANAGEMENT, L.L.C.	
--	---

Principal Place of Business C/O 24260 WOODSAGE DR BONITA SPRINGS, FL 34134	Mailing Address C/O 24260 WOODSAGE DR BONITA SPRINGS, FL 34134
--	--

DO NOT WRITE IN THIS SPACE

%B54.....19&

02182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3557620	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

BRADLEY, TODD L ESQ.
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

Filing Fee is \$50.00 Due by May 1, 2004

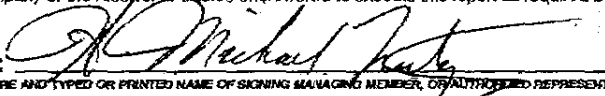
000000067596
02/27/04-80006-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUTGEN, H. MICHAEL C/O 24260 WOODSAGE DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/20/04 239 948 1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Office Phone #