


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90129 014 \*\*\*\*50.00

<b>DOCUMENT # L99000002429</b> 1. Entity Name DON, L.C.					
Principal Place of Business 1207 ENTERPRISE DRIVE PORT CHARLOTTE, FL 33953			Mailing Address 5773 CONCORD DR NORTH PORT, FL 34287-3154		
2. Principal Place of Business 19285 ABHENRY CIR.		3. Mailing Address 19285 ABHENRY CIR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT CHARLOTTE, FL.		City & State PORT CHARLOTTE, FL.		4. FEI Number 65-0917190	
Zip 33948		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCKINLEY, MICHAEL R ESQ 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTT, DONALD J 1207 ENTERPRISE DRIVE PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTT, DONALD J. 19285 ABHENRY CIR PORT CHARLOTTE, FL 33948
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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.					
<b>SIGNATURE:</b> _____ <b>4/29/04 9:41 764-0218</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					