


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90162 042 \*\*\*\*50.00

<b>DOCUMENT # L99000002790</b> 1. Entity Name <b>ARIZONA '99, L.L.C.</b>					
Principal Place of Business <b>154 BAYWIND DRIVE NICEVILLE, FL 32578</b>			Mailing Address <b>154 BAYWIND DRIVE NICEVILLE, FL 32578</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>4502 East Highway 20 Suite A Niceville, FL 32578                      U.S.</b>			
		4. FEI Number <b>59-3576986</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PERRI, DANIEL C 5 CLIFFORD DRIVE, SUITE 12 SHALIMAR, FL 32579</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	<b>MGR KLAM, ROLF 154 BAYWIND DRIVE NICEVILLE, FL 32578</b>	<input type="checkbox"/> Delete			
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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> <i>[Signature]</i> <b>(CPA)</b>			Date: <b>2/1/04</b> Daytime Phone #: <b>850.897.4333</b>		