

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90272 023 ****55.00

24016878



02272004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0947418** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CRONIN, THOMAS R ESQ.
3951 FOWLER ST.
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8359 BEACON BLVD
City **FORT MYERS** FL Zip Code **33907**

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRONIN, THOMAS R SR.	
STREET ADDRESS	3591 FOWLER STREET	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRONIN, THOMAS R SR	
STREET ADDRESS	3591 FOWLER STREET	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOX, ALLAN E	
STREET ADDRESS	3591 FOWLER ST	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOX, ALLAN E	
STREET ADDRESS	3591 FOWLER ST	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8359 BEACON BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8359 BEACON BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8359 BEACON BLVD.	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8359 BEACON BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ALLAN FOX 2/27/04 239-936-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #