

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN 29 AM 8: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005090

1. Entity Name  
E.A.N. ENTERPRISES LLC



Principal Place of Business  
900 E. INDIANTOWN RD., STE 216  
JUPITER, FL 33477

Mailing Address  
900 E. INDIANTOWN RD., STE 216  
JUPITER, FL 33477



04072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0463963

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEVES, TERRY A  
900 E. INDIANTOWN RD., STE 216  
JUPITER, FL 33477

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME NEVES, TERRY  
STREET ADDRESS 900 E. INDIANTOWN RD., STE 216  
CITY-ST-ZIP JUPITER, FL 33477

TITLE MGRM  
NAME NEVES, ELIZABETH A  
STREET ADDRESS 900 E. INDIANTOWN RD, SUITE 216  
CITY-ST-ZIP JUPITER, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

300038413653  
06/29/04--01019--003 \*\*50.00

**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)(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:

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

6/7/04

Date

Daytime Phone #