2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90009 016 ****50.00

DOCUMENT # L99000009070

1. Entity Name
BICKFORD FAMILY SERVICES, L.L.C.

Principal Place of Business	Mailing Address
% KATHRYN BICKFORD 5961 18TH AVE., NW NAPLES, FL 34119	% KATHRYN BICKFORD 5961 18TH AVE., NW NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

01132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3610539
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BICKFORD, FRED
5961 18TH AVE., NW
NAPLES, FL 34119

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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 of new or reinstated registered agent (if applicable) Florida Registered Agent (if applicable)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BICKFORD, FRED
STREET ADDRESS	5961 18TH AVE., NW
CITY ST ZIP	NAPLES, FL 34119
TITLE	MGR
NAME	BICKFORD, KATHRYN
STREET ADDRESS	5961 18TH AVE., NW
CITY ST ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

SIGNATURE: Kathryn Bickford 4/26/04 239-596-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #