## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L99000009368** PREFERRED INVESTMENTS, LLC

**FILED** Apr 14, 2004 08:00 AM
Secretary of State

Principal Place of Business

7301 6TH AVE. NORTH ST. PETERSBURG, FL 33710 Mailing Address

7301 6TH AVE. NORTH ST. PETERSBURG, FL 33710



## DO NOT WRITE IN THIS SPACE

04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3615041

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAME STREET ADDRESS CITY-ST-ZIP

ZANIOL, KIMBERLEI 7301 6TH AVE. NORTH ST. PETERSBURG, FL 33710			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of char tions of registered agent.				ith, and accept
	Signature, typed or printed name of registered agent and the if applicable.  Illing Fee is \$50.00 to by May 1, 2004	(NOTE, Registered Ager	t signature required when reinstating)	00000112954 4/01-80043-015-5	m
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR ZANIOL, DAVID B 7301 8TH AVE. NORTH ST. PETERSBURG, FL 33710		0.8.1		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				T WRITE S SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				JOIAGE	
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #