2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001697

1. Entity Name
SNOWFLAKE HAVEN, LLC

Principal Place of Business	Mailing Address
5443 SW 12TH TERR #4 TOPEKA, KS 66604	PO BOX 4916 TOPEKA, KS 66-604n

DO NOT WRITE IN THIS SPACE

03182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
49-6376089
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STARK, WILLIAM R
5975 TERRACE PARK DRIVE NORTH #310
ST PETERSBURG, FL 33709

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000119260
-04/19/04-80094-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STARK, WILLIAM R
STREET ADDRESS	5443 SW 12TH TERR #4
CITY-ST-ZIP	TOPEKA, KS 66604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: William R Stark 4-14-04 785 232-7219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #