

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90016 050 \*\*\*\*50.00

**DOCUMENT # M00000002355**

1. Entity Name  
**NEW PORT RICHEY INVESTORS, LLC**



Principal Place of Business  
**CLARION HOTEL  
5316 U.S. HWY. 19  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**C/O RAICHE & COMPANY  
680 CENTRAL AVENUE  
DOVER, NH 03820**

**24056001**



04062004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **02-0521633** Applied For  
Not Applicable

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

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RAICHE, LAWRENCE R CPA 680 CENTRAL AVE. DOVER, NH 03820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KT INVESTMENTS, LLC 300 WOODBURY AVENUE PORTSMOUTH, NH 03801</b>
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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: Lawrence R Raiche **LAWRENCE R. RAICHE** **603-742-8894**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #