

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90049 022 ****50.00

DOCUMENT # M01000001246

1. Entity Name
2900 TWELFTH STREET NORTH, LLC



Principal Place of Business
2900 TWELFTH STREET
NORTH NAPLES, FL 34103

Mailing Address
2900 TWELFTH STREET
NORTH NAPLES, FL 34103

24054229



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1621879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

Signatures, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HARRIS, SHARON
34921 US HIGHWAY 19 N
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GRAHAM, DWAYNE
2900 TWELFTH STREET
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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: *Sharon Harris*

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

Date

Daytime Phone #

4-16-04