

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000000060**

1. Entity Name  
**CHRISTIAN FAMILY ENTERPRISES, LLC**



Principal Place of Business

**310 W. SPRUCE  
MISSOULA, MT 59802**

Mailing Address

**310 W. SPRUCE  
MISSOULA, MT 59802**



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0001227**

Applied For  
Not Applicable

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

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

**PLATOCK, NEIL W ESQ  
222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH, FL 33-401**

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

Signature, 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  
**MGRM  
CHRISTIAN, BARBARA A  
310 W. SPRUCE  
MISSOULA, MT 59802**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000005773  
01/15/04-80063-009 50.00

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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)(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:**

*Barbara Christian* **Barbara Christian** 1/9/04 406-721-7772

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

Date

Daytime Phone #