

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002081

FILED  
Feb 10, 2004  
Secretary of State

Entity Name: AKE AND AVERY ENTERPRISES, LLC

## Current Principal Place of Business:

545 E. GARFIELD AVENUE  
#802  
COCOA BEACH, FL 32931

## New Principal Place of Business:

## Current Mailing Address:

545 E. GARFIELD AVENUE  
#802  
COCOA BEACH, FL 32931

## New Mailing Address:

FEI Number: 52-2229702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVERY, VERNE W  
343 N. TROPICAL TRAIL, #406A  
MERRITT ISLAND, FL 32953 US

## Name and Address of New Registered Agent:

AVERY, VERNE W  
545 E GARFIELD AVE  
#802  
COCOA BEACH, FL 32931 US

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.

SIGNATURE:

02/10/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: AVERY, VERNE W  
Address: 343 N. TROPICAL TRAIL, #406A  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete  
Name: AKE, BARBARA L  
Address: 343 N. TROPICAL TRAIL, #406A  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 L AKE

MGRM

02/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date