

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90291 022 \*\*\*\*55.00

**DOCUMENT # M02000002099**

1. Entity Name

135 LLC



Principal Place of Business

391 DOVER POINT ROAD  
DOVER NH 03820

Mailing Address

PO BOX 190  
GREENLAND NH 03840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0504490

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MIKE RYAN - PA~~  
~~BANKOWITZ, JEFFREY T~~  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Name: ATT. MIKE RYAN - PA.  
Street Address (P.O. Box Number is Not Acceptable):  
LOWND, DROSDICK, DOSTER, KANTOR & REED, PA.  
215 NORTH EOLA DRIVE  
City: ORLANDO FL Zip Code: 32801

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

*Mike Ryan PA.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COAKLEY, RONALD	
STREET ADDRESS	391 DOVER POINT ROAD	
CITY-ST-ZIP	DOVER NH 03820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Ronald Coakley*

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

*March 1, 2004 603-743-2000*

Date

Daytime Phone #