

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90078 013 ****50.00

DOCUMENT # M03000002064 1. Entity Name SANIBEL ISLAND PARADISE LLC					
Principal Place of Business 2355 DERR ROAD SPRINGFIELD, OH 45503			Mailing Address 2355 DERR ROAD SPRINGFIELD, OH 45503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER, LEANNA C 2355 DERR ROAD SPRINGFIELD, OH 45503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Leanna C Oliver</i>			Date: <i>1/27/04</i> Daytime Phone #: <i>937-882-6524</i>		

24008113



01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0033802

Applied For
Not Applicable

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

SIGNATURE: *Leanna C Oliver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*PLEASE SEE ATTACHED LETTER TO AMEND NAME + ADDRESS -
THANK YOU, Leanna C Oliver SANIBEL ISLAND PARADISE LLC
1/27/04*

Attachment
240081B
no 3000002064

January 23, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

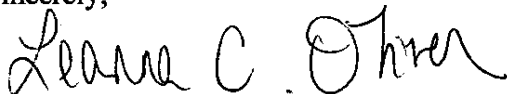
RE: Annual Report for Sanibel Island Paradise LLC

To Whom It May Concern:

Upon receiving a postcard in regards to the above corporation, I realized that our mailing address, along with our principal place of business address, are both incorrect. After speaking to one of your representatives, I was instructed to send this letter asking for correction of both. The place of business and mailing address both should be changed to: 766 Peshek Lane, Springfield, Ohio 45506.

Thank you for your attention in this matter.

Sincerely,



Leanna C. Oliver