

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90285 006 \*\*\*\*55.00

**DOCUMENT # M03000003976**

1. Entity Name

TEYNOR'S FLORIDA, LTD. CO.



Principal Place of Business

308 CYPRESS STREET  
DUCK KEY FL 33050

Mailing Address

308 CYPRESS STREET  
DUCK KEY FL 33050

2. Principal Place of Business

101 11th ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Zip

33050

Country

USA

Zip

Country

4. FEI Number

34-1939040

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEYNOR, ALENE  
308 CYPRESS STREET  
DUCK KEY FL 33050

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

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

TITLE MGRM  
NAME TEYNOR, ALENE  
STREET ADDRESS 308 CYPRESS STREET  
CITY-ST-ZIP DUCK KEY FL 33050

TITLE  
NAME  
STREET ADDRESS

CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Aleene E. Teynor*

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

4-12-04 305-743-2983

Date

Daytime Phone #