


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

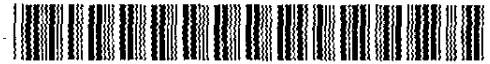
FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008412
 1. Entity Name
 CRAFTSMAN MACHINERY & HYDRAULICS, L.L.C.



Principal Place of Business 100 S. MYRICK STREET PENSACOLA, FL 32505	Mailing Address 100 S. MYRICK STREET PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



06192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3664993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SULLIVAN, PAT
 100 S. MYRICK ST.
 PENSACOLA, FL 32503

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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: *Pat Sullivan* (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$50.00 Due by September 8, 2004
 000000165925
 07/19/04-20008-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, PATRICK S 414 BAY BLVD PENSACOLA, FL 32503
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Pat Sullivan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 Date: _____ Daytime Phone #: _____