## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED **DOCUMENT # L01000000985** 1. Entity Name 04 FEB -2 PM 12: 55 JOHNSON EUBANK PANKRATZ & COMPANY FINANCIAL SERVICES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 220 SOUTH RIDGEWOOD AVENUE, SUITE 200 220 SOUTH RIDGEWOOD AVENUE, SUITE 200 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address 220 South Ridgewood Avenue 220 South Ridgewood Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-LLC CR2E083 (10/03) Suite 201 Suite 201 City & State City & State 4. FEI Number Applied For Daytona Beach, FL Daytona Beach, FL 52-2318110 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired X 32114 USA 32114 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANKRATZ, RICHARD M 220 S. RIDGEWOOD AVENUE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32114 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. January 1, 2004 Signature, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE XX Delete TITLE MGRM ☐ Change **X** Addition JOHNSON, ROBERT L NAME NAME Pankratz, Richard M. 220 S. RIDGEWOOD AVE STE 200 STREET ADDRESS STREET ADDRESS 220 South Ridgewood Avenue, Suite 201 DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, FL 32114 MGRM TITLE XX Delete TITLE ☐ Change ☐ Addition EUBANK, MARJORIE NAME NAME STREET ADDRESS 220 S. RIDGEWOOD AVE STE 200 STREET ADORESS CITY-ST-7IP DAYTONA BEACH, FL 32114 CITY-ST-ZIP <del>900027641-</del>01/27/04--01011--007 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Richard M. Pankratz January 1, 2004 (386)255-1745

Date