


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 11, 2004 8:00 am**  
**Secretary of State**

06-11-2004 90022 004 \*\*\*\*50.00

**DOCUMENT # L01000013662**

1. Entity Name  
**BRYSON HOLDINGS, L.L.C.**



14023753

Principal Place of Business: **226 SOUTH PALAFOX SUITE 101(A) PENSACOLA, FL 32501**

Mailing Address: **226 SOUTH PALAFOX SUITE 101(A) PENSACOLA, FL 32501**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number: **59-3738386**

Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STONE, S. SCOTT**  
**125 W. ROMANA STREET, SUITE 150**  
**PENSACOLA, FL 32501**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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: **MGRM**  Delete

NAME: **GRANGER, KENNETH E III**

STREET ADDRESS: **226 S PALAFAX STREET # 101A**

CITY-ST-ZIP: **PENSACOLA, FL 32501**

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: **MGRM**  Delete

NAME: **FINCH, JAMES BRYAN JR**

STREET ADDRESS: **1818 E GADSDEN**

CITY-ST-ZIP: **PENSACOLA, FL 32501**

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  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: *Kenneth E Granger III* 4/18/04 50434-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #