


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019141

1. Entity Name
STEINHATCHEE CRANE, LLC



Principal Place of Business 303 NORTHEAST SECOND STREET P.O. BOX 443 STEINHATCHEE, FL 32359 US	Mailing Address 303 NORTHEAST SECOND STREET P.O. BOX 443 STEINHATCHEE, FL 32359 US
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 23-9684117	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAUTION, GILBERT R III
 5745 SOUTHWEST 75TH STREET
 PMB #317
 GAINESVILLE, FL 32608**

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I, 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 restoring) _____ DATE _____

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

U00000113612
 04/15/04-80016-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABE, ZEB W 303 NORTHEAST SECOND STREET, P.O. BOX 443 STEINHATCHEE, FL 32359
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Zeb W. Cabe **ZEB W. CABE** 4-12-04 352-498-2012

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