FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90079 007 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003570

1. Entity Name
QUIXOTE ENTERPRISES LLC

24080155

Principal Place of Business	Mailing Address
74 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	74 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1870650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELLINGS, PAUL M
~~390 A1A BEACH BLVD, D-46~~
~~ST. AUGUSTINE, FL 32080~~
74 Willow Drive
St. Augustine Beach, FL 32080

7. Name and Address of New Registered Agent

Name Paul M. Hellings
Street Address (P.O. Box Number is Not Acceptable) 74 Willow Drive
City St. Augustine Beach FL Zip Code 32080

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] 8/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-OWNER Paul M. Hellings 74 Willow Drive St Aug. Beach FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-OWNER MARY JEANNE HELLINGS 74 Willow Drive St. Augustine Beach, FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 8/15/04 904-471-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #