


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90296 029 \*\*\*\*50.00

DOCUMENT # L03000022908					
1. Entity Name HUDSON CAMPBELL, LLC					
Principal Place of Business 1221 AIRPORT ROAD STE. 209 DESTIN, FL 32541			Mailing Address 1221 AIRPORT ROAD STE. 209 DESTIN, FL 32541		
2. Principal Place of Business 4564 Nautical Ct. Suite, Apt. #, etc.		3. Mailing Address 4564 Nautical Ct. Suite, Apt. #, etc.			
City & State Destin FL 32541		City & State Destin FL 32541		4. FEI Number 02152004 Chg-LLC CR2E083 (10/03)	
Zip 32541	Country U.S.A.	Zip 32541	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHEYD, JOSEPH M JR 1221 AIRPORT ROAD STE. 209 DESTIN, FL 32541			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 re-registering) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, JOHN J III 6012 RESOURCES DRIVE MEMPHIS, TN 38134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON, CINDY 4564 NAUTICAL COURT DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John J. Campbell</i>			2/16/04 850-654-4894		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		