2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# L01000012088

Entity Name: AZIMUTH, LLC

Current Principal Place of Business:

9839 NORTH DAVIS HWY
PENSACOLA, FL 32514

New Principal Place of Business:

P.O. BOX 1
MILTON, FL 32572 US

Current Mailing Address:

9839 NORTH DAVIS HWY
PENSACOLA, FL 32514

New Mailing Address:

P.O. BOX 1
MILTON, FL 32572 US

FEI Number: 59-3733663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, CHAMBERLAIN R
1643 LAHAINA CT
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

MARK, EBERHARD V CEO/PRE
P.O. BOX 1
MILTON, FL 32572 US

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.

SIGNATURE: MARK V. EBERHARD 01/20/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CHAMBERLAIN, JOSEPH R VP
Address: 9839 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete
Name: EBERHARD, MARK V P
Address: 9839 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EBERHARD, MARK V CEO/PRE
Address: P.O. BOX 1
City-St-Zip: MILTON, FL 32572 US

Title: MGR (X) Change ( ) Addition
Name: CHAMBERLAIN, JOSEPH R
Address: P.O BOX 1
City-St-Zip: MILTON, FL 32572 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK V. EBERHARD CEO 01/20/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date