

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001440

Entity Name: ALLISON BROS., L.L.C.

FILED  
Apr 29, 2004  
Secretary of State

**Current Principal Place of Business:**

STATE ROAD 242 WEST  
ROUTE 11, BOX 591  
LAKE CITY, FL 32024

**New Principal Place of Business:**

7402 SW COUNTY ROAD 242  
LAKE CITY, FL 32024 US

**Current Mailing Address:**

STATE ROAD 242 WEST  
ROUTE 11, BOX 591  
LAKE CITY, FL 32024

**New Mailing Address:**

7402 SW COUNTY ROAD 242  
LAKE CITY, FL 32024 US

FEI Number: 59-3619159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORRIS, JOHN E  
CNB NATIONAL BANK BUILDING  
201 N. MARION STREET, SUITE 301  
LAKE CITY, FL 32056 US

**Name and Address of New Registered Agent:**

NORRIS, JOHN E  
PO DRAWER 2349  
253 NW MAIN BLVD.  
LAKE CITY, FL 32056 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALLISON, JOHN S MANAGER  
Address: RT 11 BOX 591  
City-St-Zip: LAKE CITY, FL 32024 CO

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLISON, JOHN S MANAGER  
Address: 7402 SW COUNTY ROAD 242  
City-St-Zip: LAKE CITY, FL 32024 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: JOHN S. ALLISON

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date