

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006262 1. Entity Name BREESE, CRAFT & HENSLEY, LLC	
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Principal Place of Business 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714	Mailing Address 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3648890	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAFT, JOHN A III
990 N. STATE ROAD 434, SUITE 1132
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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

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

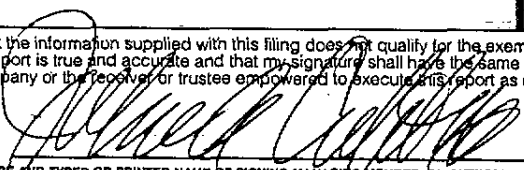
**U000000057336
02/19/04-80057-012 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRAFT, JOHN A III 990 N. STATE ROAD 434, SUITE 1132 ALTAMONTE SPRINGS, FL 32714
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IN THIS SPACE**

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:  **2-17-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone