2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006662

1. Entity Name
EASY MONEY OF PERDIDO KEY, L.L.C.

Principal Place of Business	Mailing Address
% BRAD LEE PATTERSON 1556 GULF SHORES PARKWAY, SUITE 5 PERDIDO KEY, FL	P.O. BOX 790 FOLEY, AL 36536

DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3690642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B
SEVILLE TOWER, 9TH FLOOR
226 S. PALAFOX ST.
PENSACOLA, FL 32501

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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's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000106429
04/08/04-80015-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATTERSON, BRAD L
STREET ADDRESS	1556 GULF SHORES PARKWAY, SUITE 5
CITY-ST-ZIP	GULF SHORES, AL 365423436
TITLE	MGRM
NAME	BLANCHARD, DAVID J
STREET ADDRESS	2801 S. MCKENZIE ST.
CITY-ST-ZIP	FOLEY, AL 36535
TITLE	MGRM
NAME	BLANCHARD, JOHN E
STREET ADDRESS	2801 S. MCKENZIE ST.
CITY-ST-ZIP	FOLEY, AL 36535
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #