2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000006789

BREADBOX COMPUTER COMPANY, LLC



Mailing Address

Principal Place of Business 9400 LAKE CHRISTINA LN

PORT RICHEY, FL 34668

PO BOX 808 PORT RICHEY, FL 34673

FILED Jan 20, 2004 08:00 AM Secretary of State



01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3651628

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, FRANK S 9400 LAKE CHRISTINA LN

DO NOT WRITE

PORT RICHEY, FL 34668		IN 7	IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida, 1 am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fide if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
F: D	iling Fee is \$50.00 ue by May 1, 2004		7	
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS GITY-ST-TIP	P FISCHER, FRANK S 9400 LAKE CHRISTINA LANE PORT RICHEY, FL 34668		U00000008760 01/20/04-80077-008 50.00	
HILE NAME SIREET ADDRESS CITY-ST-ZIP	V HOWARD, JOHN F 1518 BLUBONNET AVE MEDFORD, OR 97504			
TRUE NAME SIREET ADDRESS CHY-SI-ZIP		DO	NOT WRITE	
THILE NAME SIREET ADDRESS CHY-SI-ZIP	•	IN "	THIS SPACE	
NAME STREET ADDRESS CITY ST-ZIP			•••	
TITLE NAME STREET ABORESS				

11. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

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

727-967-990

Daveme Priore #