2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010001

1 Entity Name

PIONEER SCREEN CO., LLC



Principal Place of Business

9011 S.W. OLD KANSAS AVENUE STUART, FL 34997

Mailing Address

9011 S.W. OLD KANSAS AVENUE STUART, FL 34997

FILED Jul 22, 2004 8:00 am Secretary of State

07-22-2004 90097 028 ****50.00

14026468



07152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number			Applied For
65-1035047			Not Applicable
E Cortificate of Status Desired	т	\$5.0	0 Additional

6. Name and Address of Current Registered Agent

RICE, CRAIG 9011 S.W. OLD KANSAS AVENUE STUART, FL 34997

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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. Lam femiliar with, and accept					
	married entity submitts this statement for the purpose of changing its registere ions of registered agent.	so once of registered agent, or both, in the state of Florida. I am reminal with, and accept			
the obligat	ions of registered agent.				
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SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when renstiting). OATE					
	Signature, typed of printed frame of registered agent and the it applicable. (IAOTE: registered	Addit solition eduted wisities stating).			
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Filing Fee is \$50.00					
Due by September 8, 2004					
9.	MANAGING MEMBERS/MANAGERS				
TITLE " "	MGRM				
NAME	RICE, CRAIG				
STREET ADDRESS	9011 S.W. OLD KANSAS AVENUE				
CITY-ST-ZIP	STUART, FL 34997				
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11. I hereby 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:

YPED OR PRINTED NAME OF SIGNING

Craig Rice, Manager Member

7/15/04

(772) 283-9197

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

Date

Daytime Phone #