## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 29, 2004 08:00 AM Secretary of State

	HOMBILL OIL	
DOCUMENT # L010 1. Entity Name BRECHTEL ENTERPRISES		
Principal Place of Business	Mailing Address	
249 OLDE POST ROAD	249 OLDE POST ROAD	



## DO NOT WRITE IN THIS SPACE

NICEVILLE, FL 32578

01192004No Chg-LLC CR2E083 (10/03)

4. FEI Number	 Applied For
59-3709266	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

850

6. Name and Address of Current Registered Agent

BRECHTEL, DAVID L 249 OLDE POST ROAD NICEVILLE, FL 32578

NICEVILLE, FL 32578

## DO NOT WRITE IN THIS SPACE

SIGITATIONES	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agant signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		_
9.	MANAGING MEMBERS/MANAGERS		And the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRECHTEL, DONALD L SR. 249 OLDE POST ROAD NICEVILLE, FL 32578		U00000020650 11/29/04-80076-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRECHTEL, DAVID L 249 OLDE POST ROAD NICEVILLE, FL 32578		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby o	certify that the information supplied with this filing does not quadrily that the information supplied with this filing does not quadrily that my signature shall	alify for the exemption stated in Section 119.07(3)( have the same legal effect as if made under oath.	i), Florida Statutes. I further certify that the information that I am a managing member or manager of the

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