


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

| | |
|--|---|
| DOCUMENT # L01000004005 |  |
| 1. Entity Name HENRICKSON INVESTMENT COMPANY, L.L.C. | |

| | |
|---|---|
| Principal Place of Business P.O. BOX 345 GRACEVILLE FL 32440 | Mailing Address P.O. BOX 345 GRACEVILLE FL 32440 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E083 (11/03)

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|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|--|

| | |
|--|---|
| HENRICKSON, EVERETT C DEERWOOD DRIVE GRACEVILLE FL 32440 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| | |
|-------------------------------------|------------------------------|
| 9. MANAGING MEMBERS/MANAGERS | 10. ADDITIONS/CHANGES |
|-------------------------------------|------------------------------|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM HENDRICKSON, LINA M DEERWOOD DR GRACEVILLE FL 32440 <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000019668 01/29/04-80034-018 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 60B, Florida Statutes.

SIGNATURE:  **1-24-04** **1-850-263-25**