

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90417 007 ****55.00

DOCUMENT # L01000008543

1. Entity Name

PROCRAFT OF SOUTH FLORIDA, LLC



Principal Place of Business

1486 -D SKEES RD
WEST PALM BEACH, FL 33411

Mailing Address

1486 -D SKEES RD
WEST PALM BEACH, FL 33411



02022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4448234

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISNAUGLE, DENNIS S
3380 "D" ROAD
LOXAHATCHEE, FL 33470

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME EISNAUGLE, DENNIS S
STREET ADDRESS 3380 "D" RD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VP
NAME HOUGH, KENNETH B
STREET ADDRESS 10181 SW 67 COURT
CITY-ST-ZIP OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

KENNETH B HOUGH

Date

Daytime Phone #

4/7/04 561-666-9281