2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013903

City-St-Zip:

TALLAHASSEE, FL 32308

FILED Feb 17, 2004 Secretary of State

Entity Name: TINSLEY ENTERPRISES, L.L.C. **Current Principal Place of Business: New Principal Place of Business:** 4929 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** PO BOX 551260 JACKSONVILLE, FL 32255 FEI Number: 59-3738919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition TINSLEY, WILLIAM Name: Name: Address: 4929 ATLANTIC BLVD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TINSLEY, JACK Name: Address: 3837 LONGFORD DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TINSLEY, SUSAN Name: Name: 3837 LONGFORD DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: WILLIAM TINSLEY MGRM 02/17/2004