

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 08, 2004  
Secretary of State**

DOCUMENT# L01000018428

Entity Name: THE ACME COMPANY, LLC

**Current Principal Place of Business:**

142 SE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

142 SE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 81-0555673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEIGLEMAN, WALTER A JR.  
142 SE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548      US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM      ( ) Delete  
Name: STEIGLEMAN, WALTER A JR.  
Address: P.O. BOX 685  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM      ( ) Delete  
Name: STEIGLEMAN, WALTER A III  
Address: P.O. BOX 685  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WALTER A. STEIGLEMAN, JR.

MGRM

07/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date