

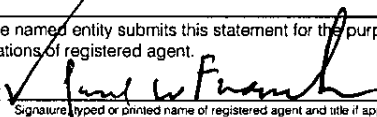
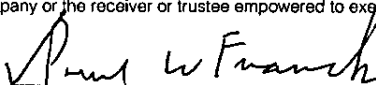


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90184 038 \*\*\*\*55.00

DOCUMENT # L01000020676					
<b>1. Entity Name</b> EFH, LLC					
<b>Principal Place of Business</b> 202 SW 17TH STREET OCALA, FL 34474			<b>Mailing Address</b> 202 SW 17TH STREET OCALA, FL 34474		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>107 NE 1ST AVE</b>  Suite, Apt. #, etc.			
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>		<b>4. FEI Number</b> 01-0566013	
Zip <b>34470</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
02032004    Chg-LLC    CR2E083 (10/03)					
					
<b>6. Name and Address of Current Registered Agent</b>  FRANCK, PAUL R 202 SW 17TH STREET OCALA, FL 34474			<b>7. Name and Address of New Registered Agent</b> Name <b>FRANCK, PAUL W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 SW 17TH ST</b> City <b>OCALA</b> State <b>FL</b> Zip Code <b>34474</b>		
<b>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.</b> SIGNATURE  <b>PAUL W. FRANCK</b> DATE <b>3/4/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL R 2324 SE 15TH STREET OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCK, PAUL W. 202 SW 17TH ST OCALA, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>  <b>PAUL FRANCK</b> DATE <b>3/4/04</b> DAYTIME PHONE # <b>35352-622-4148</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					