


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000146 1. Entity Name FUDPUCKER TRADING COMPANY, LLC	
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Principal Place of Business 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



03182004No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0008901	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, TIMOTHY M 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____


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

U00000111759
04/13/04-80033-003 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM FUDPUCKER'S PROPERTIES, INC. 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SMITH, DAVID E 288 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459
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**DO NOT WRITE
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:  **Timothy M. Edwards, VicePres** 04/08/04 (850) 654-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #