2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000000777

1. Entity Name
DEFCO ASSET MANAGEMENT LC

Principal Place of Business	Mailing Address
1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302	1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE

04282004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302

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 _____

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	MGR
NAME	BALMORAL MANAGEMENT LLC
STREET ADDRESS	1030 15TH ST. NW
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Janet M. Caruccio_
Auth. rep   4-28-04   302-421-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #