2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001548

1. Entity Name
PACK RAT FURNITURE & JUNQUE SHOP, LLC

Principal Place of Business	Mailing Address
3572 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	3572 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

04182004No 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

MADACSI, RALPH L
3572 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing it)

Filing Fee is $50.00
Due by May 1, 2004

U00000140252
04/29/04-80154-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MADACSI, RALPH L
STREET ADDRESS	3572 LEWIS SPEEDWAY
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph L. Madacsi 4-22-04 904-501-1636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #