2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Feb 27, 2004 8:00 am
Secretary of State

02-10-2004 90105 004 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L02000005026

1. Entity Name

DELBERT OUSLEY, LLC

Principal Place of Business	Mailing Address
~~5374 COLONNADE CT.~~ CAPE CORAL FL 33904	~~5374 COLONNADE CT.~~ ~~CAPE CORAL FL 33904~~

2. Principal Place of Business	3. Mailing Address
600 N. Yachtsman Suite, Apt. #, etc.	300 Provider Ct Suite, Apt. #, etc.
City & State: Sanibel, Fl 33957	City & State: Richmond, Ky
Zip / Country	Zip: 40475 / Country

4. FEI Number 61-1407942 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OUSLEY, DELBERT 600 NORTH YACHTOMAN SANIBEL FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OUSLEY, DELBERT	NAME	
STREET ADDRESS	~~5374 COLONNADE CT.~~ 300 Provider Ct	STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL FL 33904~~ Richmond, Ky 40475	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Delbert Ousley Managing Member 2/21/04 859-623 0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #