

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007357

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: FOGKORP LLC

**Current Principal Place of Business:**

2624 FAIRMONT AVE.  
NEW SMYRNA, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

2624 FAIRMONT AVE.  
NEW SMYRNA, FL 32168

**New Mailing Address:**

FEI Number: 04-3647547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASSETT, BRYAN  
2624 FAIRMONT AVE.  
NEW SMYRNA, FL 32168

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STEVENS, ANTHONY  
Address: 3700 S. ATLANTIC AVE #216 - MARINERS COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR ( ) Delete  
Name: EARL, ROGER P  
Address: 46 SHORE ROAD  
City-St-Zip: EAST SETAUKET, NY 11733 US

Title: MGRM ( ) Delete  
Name: BASSETT, BRYAN  
Address: 2624 FAIRMONT AVENUE  
City-St-Zip: NEW SMYRNA, FL 32168

Title: MGRM ( ) Delete  
Name: HUHN, CHARLES H  
Address: 34359 HALDANE  
City-St-Zip: LIVONIA, MI 48152

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROGER P. EARL

MGR

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date