

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013432

Entity Name: M+A+S+H LLC

**FILED**  
**May 31, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

29 OLD KINGS RD. N.  
SUITE 5-A  
PALM COAST, FL 32137

**New Principal Place of Business:**

517 KIELB RD  
OUTBACK  
BUNNELL, FL 32137

**Current Mailing Address:**

P.O. BOX 2686  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 35-2170626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, KAREN L  
1 CORPORATE DR.  
SUITE 2J  
PALM COAST, FL 32137 US

**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: BRUTON, DAVID C  
Address: 517 KIELLA RD  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES:**

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: DAVID C BRUTON

MGRM

05/31/2004

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