

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013614

FILED
Mar 10, 2004
Secretary of State

Entity Name: M.L.PERSON & ASSOCIATES,LLC

Current Principal Place of Business:

7972 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 551377
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 71-0892242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSON, MAXINE L
7972 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256 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: PERSON, MAXINE L PRES
Address: P. O. BOX 551377
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: MGRM () Delete
Name: PERSON, MARK N EXEC VP
Address: P. O. BOX 551377
City-St-Zip: JACKSONVILLE, FL 32255 US

ADDITIONS/CHANGES:

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: MARK N. PERSON

MGRM

03/10/2004

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