


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90162 043 ****50.00

DOCUMENT # L02000015613					
1. Entity Name ATKINSON FAMILY, LLC					
Principal Place of Business 152 HILLTOP DRIVE SANTA ROSA BEACH FL 32459			Mailing Address 152 HILLTOP DRIVE SANTA ROSA BEACH FL 32459		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0462843	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORATH, SHANNON L 2441 U.S. HWY 98 E 108 SANTA ROSA BEACH FL 32459			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 _____ (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					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, WILLIAM T JR		NAME	Paul Atkinson	
STREET ADDRESS	152 HILLTOP DR		STREET ADDRESS	208 Melbourne Ave. SE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP	Minneapolis, MN 55414	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, SUZANNE		NAME	James C. Atkinson	
STREET ADDRESS	152 HILLTOP DR		STREET ADDRESS	824 7th Ave.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP	LaGrange, IL	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, BILL		NAME		
STREET ADDRESS	316 DIXIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TOWSON MD 21204		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'HEMECOURT, JANE		NAME		
STREET ADDRESS	23185 HIGHWAY 435		STREET ADDRESS		
CITY-ST-ZIP	ABITA SPRINGS LA 70420		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLING, JULIANNE		NAME		
STREET ADDRESS	537 HEYWARD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30064		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, PHILLIP		NAME		
STREET ADDRESS	1616 PIEDMONT AVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30324		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William T. Atkinson Jr 2/1/04 (850) 267-2621