2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNAMANASING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000017142 I. Fill your ATLANTIC HOSE & SUPPLY, LLC. Pencipal Place of Business 2439 SQUITH NOVA ROAD, BUILDING C, UNI DAYTONA BEACH FL 32119 2. Principal Place of Business Suite, Apr. # etc. Suite, Apr. #		ANNUAL RI		- Proprie		,				
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Modification of Business Applied For Journal Place of Business Suite. Apr. # etc. Suite. Apr. # etc. Suite. Apr. # etc. City & State Cit	ATLANTIC HOSE & SUPPLY, L.L.C.			1		gj DIVISI 	ON OF CORPORA	ATIONS	(0)(0)	
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Suite, Apr. #, etc. City & State City & State City & State City & State Country S. Certificate of Status Desired Four Requirement Agent TIMOTHY P. KELLY, P.A. 1016 LASALLE STREET JACKSONVILLE FL 32207 City Street Address of New Registered Agent Timothy P. KELLY, P.A. 1016 LASALLE STREET JACKSONVILLE FL 32207 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 objections of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent. OPTE Repeated Agent strains in acceptance agent, or both, in the State of Florida. I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida. I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Florida I am familiar with, and accept in the State of Fl	ទុំ						ADHA MAMBANT BANK BARN BAN	81 82 13311 1311 1314 13	19 1 1111	
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Since Address of Current Registered Agent TIMOTHY P. KELLY, P.A. 1016 LASALLE STREET JACKSONVILLE FL 32207 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Street Address of New Registered Agent or the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with , and accept time obligations of registered agent. SIGNATURE Signature, yould or private familiar virial page agent and time agencies. MANAGING MEMBERS MANAGERS ITTLE MOR JORGENSEN, TODD J SINET ADDRESS 14121 TIMIN FALLS DRIVE WEST TIME JORGENSEN, TODD J SIRET ADDRESS GITY-ST-7P JORGENSEN, TODD SIRET ADDRESS GITY-ST-7P JORGENSEN, TODOS JORGENSEN, T	City & State		City & State		4. FEI Number	3-0439836				
TIMOTHY P. KELLY, P.A. 1016 LASALLE STREET JACKSONVILLE FL 32207 City City FL City FL Zip Code FL	Zip	Country	Zip Count		y	5. Certificate of Si	atus Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current F		egistered Agent			7. Name and Add	ress of New Registe	ered Agent		
1016 LASALE STREET JACKSONVILLE FL 32207 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature Si	Name								عد رسوستوس	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	1016	6 LASALLE STREET	Street Addres		ss (P.O. Box Number is	Not Acceptable)				
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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 trusted emprived to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated limited lie	certify that the information supplied with on this report is true and accurate and hilly company or the receiver or true and	this filing does not qualify for that my signature shall have the	the exem	iption stated in legal effect as	Section 119.07(3)(i), Fi if made under oath; the	orida Statutes, I furth it I am a managing ra	er certify that the in nember or manage	nformation of the	