

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90061 042 \*\*\*\*50.00

<b>DOCUMENT # L02000019280</b> 1. Entity Name <b>TOWNSENDS UNLIMITED LLC</b>					
Principal Place of Business <b>6 QUEEN ANNE CT ORMOND BEACH, FL 32174</b>				Mailing Address <b>6 QUEEN ANNE CT ORMOND BEACH, FL 32174</b>	
2. Principal Place of Business <b>260 Golden Saddle Lane</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>260 Golden Saddle Lane</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Ormond Beach, Fla</b>		City & State <b>Ormond Beach, Fla.</b>		4. FEI Number <b>22-3861728</b>	
Zip <b>32174</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOWNSEND, STARLA 6 QUEEN ANNE CT ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TOWNSEND, STARLA P.O. BOX 1411 DAYTONA BEACH, FL 32115</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE:  <span style="float: right;"><b>July 1, 2004</b></span>					
<small>SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					