2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # L02000025868 1. Entity Name THE TENNYSON, LLC						04-19-2004	4 90026	018 ****	50.00	
Principal Place of Business		Mailing Address				4404	60403			
226 SOUTH PALAFOX STREET, SUITE 101A PENSACOLA, FL 32501		226 SOUTH PALAFOX STREET, SUITE 101A PENSACOLA, FL 32501								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292004	Chg-LLC	CR2E0	83 (10/03)			
City & State		City & State		4. FEI Number 01-0749			——————————————————————————————————————	plied For t Applicable		
Zip	Country Zip · Cou		Coun	try	5. Certificate of	of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and	Address of New R	egistered /	Agent .		
GRANGER, KENNETH E III 226 SOUTH PALAFOX STREET, SUITE 101A				Name Street Address (Address (P.O. Box Number is Not Acceptable)					
	DLA, FL 32501	UTA .		0.0017100.000	offeet Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	8	
	named entity submits this statement for	r the purpose of changing its	register	ed office or register	ed agent, or both	h, in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	ond little if anytherapida (AVOTE	- Recistore	d Agent signature required	when minetalish?		DATE			
Filing Fee is \$50.00 Due by May 1, 2004		,			Make check payable to Florida Department of State					
	lling Fee is \$50.00 ue by May 1, 2004			,					9	
	lling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE		10.	,			Departm	ent of State	•	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GRANGER, III, KENNETH E 226 S. PALAFOX ST., SUITE 10	RS/MANAGERS	TITLE NAM STRE	E ET ADDRESS		Florida	Departm	ent of State	Addition	
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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 flability company or the receiver or trustee empowered prescute this report as required by Chapter 608, Florida Statutes.