


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000026478</b> 1. Entity Name <b>BANNERMAN'S, L.L.C.</b>	
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Principal Place of Business <b>6800 THOMASVILLE ROAD TALLAHASSEE, FL 32312</b>	Mailing Address <b>8976 EAGLES RIDGE DRIVE TALLAHASSEE, FL 32312</b>
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>13-4216217</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD. SUITE 201  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00  
Due by May 1, 2004**

**U00000144758  
04/30/04-80143-016 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, JAMES S. 8976 EAGLES RIDGE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, KAREN B 8976 EAGLES RIDGE DRIVE TALLAHASSEE, FL 32312
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **May 1, 2004** **893-4155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # **X370**