

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-05-2004 90013 034 \*\*\*\*50.00

<b>DOCUMENT # L02000028212</b>					
<b>1. Entity Name</b> SSA L.L.C.					
<b>Principal Place of Business</b> 209 SE ST. JOHNS ST LAKE CITY FL 32025			<b>Mailing Address</b> P.O. BOX 2817 LAKE CITY FL 32056		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 20-12251-11	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SUMMERS, W.L. 209 SE ST. JOHNS ST LAKE CITY FL 32025				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERS, W.L. <input type="checkbox"/> Delete P.O. BOX 2817 LAKE CITY FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLBRITTON, PATRICK C SR. <input type="checkbox"/> Delete P.O. BOX 1565 LAKE CITY FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERS, GORDON P JR. <input type="checkbox"/> Delete P.O. BOX 1565 LAKE CITY FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
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				
<b>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.</b>					
W. L. Summers					
<b>SIGNATURE:</b> _____ <i>W. L. Summers</i> <span style="float: right;">May 1, 2004</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34008587



MOORE CR2E083 (11/03)