


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028440 1. Entity Name ST. TERESA, L.L.C.	
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Principal Place of Business 4004 ST. TERESA AVENUE ST. TERESA, FL 32358	Mailing Address PO BOX 693 CARRABELLE, FL 32322
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DO NOT WRITE IN THIS SPACE



02012004 No Chg-LLC CR2E083 (10/03)

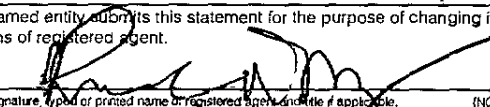
4. FEI Number 52-2384499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOWERY, RONALD A
515 N. ADAMS STREET
TALLAHASSEE, FL 32301-1111

**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 3/4/04

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**

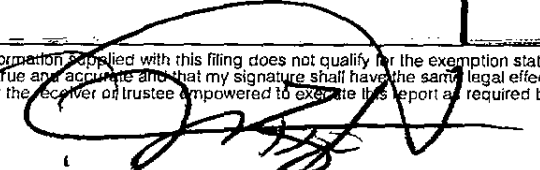
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNT, MARSHALL B P.O. BOX 693 CARRABELLE, FL 32322
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: Daytime Phone #