2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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8. The above named entity submits this statement for the purpose of changing its societored effice or registered agent

DOCUMENT # L02000032190

1. Entity Name
D & P TOWNSEND, LLC

Principal Place of Business 402 FERN CLIFF AVENUE TEMPLE TERRACE, FL 33617 Mailing Address

402 FERN CLIFF AVENUE TEMPLE TERRACE, FL 33617 FILED

2004 NOV 18 PM 2: 41

ISECRETARY OF STATE TALLAHASSEE, FLORIDA



09302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 45-0491			Applied For
43-0491	019	[Not Applicable
5. Certificate o	f Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

TOWNSEND, DAVID L 402 FERN CLIFF AVENUE TEMPLE TERRACE, FL 33617

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nging its registered drike or registered agent, or b	on, with State of Florida. Fam familiar with, and accept
(NOTE: Registered Agent signature required when reinstating)	DATE
11	600042848856 /18/0401005003 **150.00
	(NOTE: Registered Agent signature required when reinstating)

TITLE NAME STREET ADDRESS	MGRM TOWNSEND, DAVID L 402 FERN CLIFF AVENUE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNSEND, PAMELA S 402 FERN CLIFF AVENUE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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TEMSTATEMENTOL

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

Daylime Phone