

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 048 ****50.00

DOCUMENT # L03000004046 1. Entity Name P. SCRIBNER PROPERTIES, L.L.C.					
Principal Place of Business 3814 FLAGLER AVENUE KEY WEST, FL 33040			Mailing Address 3814 FLAGLER AVENUE KEY WEST, FL 33040		
2. Principal Place of Business 3776 E. Millers Bridge Rd Suite, Apt. #, etc.		3. Mailing Address 3776 E. Millers Bridge Rd Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32312		City & State Tallahassee, FL Zip 32312		4. FEI Number 04172004	
Country 		Country 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WOLFE, HAROLD E JR 2300 PALM BEACH LAKES BOULEVARD STE. 302 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCRIBNER, PATRICK L 3814 FLAGLER AVENUE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Successor Mgr. Sherree S. Knisley 3776 E. Millers Bridge Rd. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 liability company or the person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Sherree S. Knisley		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/19/04 (850) 309-1067		