

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90448 015 ****50.00

DOCUMENT # L03000010399 1. Entity Name P2 INVESTMENTS, LLC					
Principal Place of Business 3010 WEST 20TH COURT PANAMA CITY, FL 32405			Mailing Address 3010 WEST 20TH COURT PANAMA CITY, FL 32405		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04132004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-1181391	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Pam Percy Street Address (P.O. Box Number is Not Acceptable) 1540 Hwy 389 City Lynn Haven FL Zip Code 32444		
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 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date 4-20-04 Daytime Phone #		