

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016493



1. Entity Name
SPECIALIST'S IN MACHINERY/CUSTOM ROLLING
CREATIONS M.C./L.L.C.

Principal Place of Business
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

Mailing Address
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

2. Principal Place of Business

14212 GOSSETT Rd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Same

Zip
32218

Country
Duval

Zip

Country

4. FEI Number

37-146-5928

44
07/19/04

07192004 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKETTS, JACK F
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

Name

N/A

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 Jack F. Ricketts Reg Agent Exhibor Partner 7-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE Delete
NAME JACK F. RICKETTS
STREET ADDRESS 14212 GOSSETT RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

N/A

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: Jack F. Ricketts

Reg Agent

7-19-04 (904)608-5014

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

Date

Daytime Phone #