


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/12/04

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90032 042 ****50.00

DOCUMENT # L03000021633 1. Entity Name APPLIANCE SHOWCASE DELIVERY, LLC																					
Principal Place of Business 260 N. HARBOR CITY BLVD. MELBOURNE FL 32935			Mailing Address 260 N. HARBOR CITY BLVD. MELBOURNE FL 32935																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number 90-0102980																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent SUTCH, CHRISTINA B 202 N. HARBOR CITY BLVD., SUITE 200 MELBOURNE FL 32935			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 _____																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Scott L. Butler</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>260 N. Harbor City Blvd. Melbourne, FL 32935</td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	MGRM	STREET ADDRESS	Scott L. Butler	CITY-ST-ZIP	260 N. Harbor City Blvd. Melbourne, FL 32935
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/7/04

Date

321.254.2229

Daytime Phone #