2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L03000023020 1. Entity Name 04-26-2004 90035 041 ****50.00 GULF BEACH POWER EQUIPMENT, LLC Principal Place of Business Mailing Address 1524 GULF BEACH HIGHWAY 1524 GULF BEACH HIGHWAY 24053510 PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable 27-0062 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ FISHER, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1524 GULF BEACH HIGHWAY PENSACOLA FL 32507 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 1. Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANAGER BRECK PLTRE 7750 GRUNDY AUE TITLE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENSALONA CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BAY MEADOWS DR NAME NAME STREET ADDRESS STREET ADDRESS 32500 CITY-ST-7IP ENSACOLA CITY-ST-ZIP Change ☐ Addition TITLE · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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