

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024329

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** BRATCHEN BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O ANDREW W. SIPOS, JR.  
40935 FLETCHER RD  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANDREW W. SIPOS, JR.  
40935 FLETCHER RD  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIPOS, ANDREW L JR  
40935 FLETCHER RD  
UMATILLA, FL 32784    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      BRATCHEN, BARBARA ANNE  
Address:                      40935 FLETCHER RD  
City-St-Zip:                      UMATILLA, FL 32784

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA ANNE BRATCHEN                      MGR                      04/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date