FILED
Jun 30, 2004 8:00 am
Secretary of State
05-03-2004 90150 041 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/?5

DOCUMENT # L03000026250

1. Entity Name
AL INGRAM, LLC

34008995

04012004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
6051 CHAPMAN CIRCLE PENSACOLA, FL 32504-7950	6051 CHAPMAN CIRCLE PENSACOLA, FL 32504-7950

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0818463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGRAM, AL 6051 CHAPMAN CIRCLE PENSACOLA, FL 32504-7950	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 [signature] 4.30.04
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 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	MGR INGRAM, AL 6051 CHAPMAN CIRCLE PENSACOLA, FL 325047950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Al Ingram LLC 6.29.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TOTAL P.03

Attachment

34-0089955 X

#L0300002760250

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

Date of this notice: 03-17-2004

Employer Identification Number:
20-0818463

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

ALSTON INGRAM LLC
INGRAM ALSTON SOLE MEMBER
2107 AIRPORT BLVD
PENSACOLA FL 32504

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-0818463. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.
* Use this EIN and your name exactly as they appear above on all your federal tax forms.
* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

attachment 34008995
L03000026250

BROWN THORNTON • PACENTA & Company, P.A.
Certified Public Accountants
Business & Financial Consultants

Whit L. Brown Jr., Shareholder
Michael D. Thornton, Shareholder
Jan M. Pacenta, Shareholder
Michael F. Frick, Officer
John R. Dunaway, Officer

June 1, 2004

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Al Ingram, LLC

Dear Sirs:

Enclosed is an updated copy of the 2004 Limited Liability Company Annual Report for the above-referenced taxpayer with block 4 completed. We have also enclosed a copy of the notice from the Internal Revenue Service assigning the Employer Identification Number (EIN) of 20-0818463.

Thank you for your assistance with this matter. Please contact this office if any further information is required.

Sincerely,

BROWN THORNTON • PACENTA & Company, P.A.

Stryker M. Jones

SMJ/mag

Enclosures

copy Al Ingram

f/h/ingram/FL DOS re LLC

56 East Chase Street • Post Office Box 12484 • Pensacola, Florida 32591
Telephone (850) 434-3146 • Fax (850) 438-2160 • E-mail: cpa@BTPcpas.com