

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/1

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

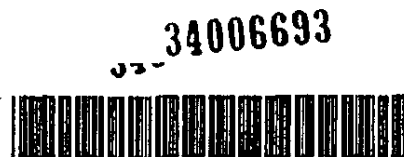
04-16-2004 90408 004 \*\*\*\*50.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000028350</b>                  |  |
| 1. Entity Name<br><b>LEANNAH E. KRAUSS, LLC</b> |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>ROUTE 23, BOX 1513<br/>LAKE CITY FL 32025</b> | Mailing Address<br><b>ROUTE 23, BOX 1513<br/>LAKE CITY FL 32025</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                              |                                            |
|--------------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business<br><b>173 S.E. Becky Terr</b> | 3. Mailing Address<br><b>P.O. Box 1725</b> |
| Suite, Apt. #, etc.                                          | Suite, Apt. #, etc.                        |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Lake City FL</b> | City & State<br><b>Lake City FL</b> |
| Zip<br><b>32025</b>                 | Zip<br><b>32054</b>                 |
| Country<br><b>USA</b>               | Country<br><b>USA</b>               |



MOORE CR2E083 (11/03)

|                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. Name and Address of Current Registered Agent<br><b>KRAUSS, LEANNAH E<br/>ROUTE 23, BOX 1513<br/>LAKE CITY FL 32025</b>               |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *Leannah E. Krauss* DATE 3-29-04  
(Signature, typed or printed name of registered agent and see 4 applicable. (NOTE: Registered Agent signature required when reappointing))

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$50.00</b><br>Make Check Payable to Florida Department of State<br>Due By May 1, 2004 |
|--------------------------------------------------------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                                                                                                      |                                 | 10. ADDITIONS/CHANGES                                                        |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGRM<br/>KRAUSS, LEANNAH E<br/>ROUTE 23, BOX 1513<br/>LAKE CITY FL 32025</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>173 S.E. Becky Terr</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Leannah E. Krauss* Leannah E. Krauss DATE 3-29-04 386-719-6649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE