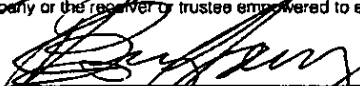


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/15

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-19-2004 90234 011 ****50.00

DOCUMENT # L03000028783 1. Entity Name PACK & SHIP LLC.					
Principal Place of Business 13430 GULF BEACH HIGHWAY PENSACOLA FL 32507			Mailing Address 13430 GULF BEACH HIGHWAY PENSACOLA FL 32507		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1690177	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, RUBY B. 13430 GULF BEACH HIGHWAY PENSACOLA FL 32507				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, BRIAN 5701 FAIR OAK LANE PENSACOLA FL 32507	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGESS-YOUNG, RUBY 5701 FAIR OAK LANE PENSACOLA FL 32507	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5700 FAIR OAK LN ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5700 FAIR OAK LN ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____ ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____ ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_____ ☐ Change ☐ Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 7/15/04					
Daytime Phone # 850 492-9690					