


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90100 008 ****50.00

DOCUMENT # L03000028890

1. Entity Name:
THRESHOLD, LLC



Principal Place of Business: **100 RUE BOCAGE LYNN HAVEN, FL 32444**

Mailing Address: **100 RUE BOCAGE LYNN HAVEN, FL 32444**

64016000



2. Principal Place of Business: **- SAME -**

3. Mailing Address: **- SAME -**

Suite, Apt. #, etc.:

City & State:

Zip Country:

02092004 Chg-LLC CR2E083 (10/03)

4. FEI Number: **80-0072360**

Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

ROGERS, CLARK T
100 RUE BOCAGE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent:

Name: **N/A (SAME)**

Street Address (P.O. Box Number is Not Acceptable):

City: **DE** State: **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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROGERS, CLARK T	
STREET ADDRESS	100 RUE BOCAGE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEBSTER, DAVID L	
STREET ADDRESS	1208 SAVANNAH DR	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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: *Clark T Rogers* **15 FEB 2004** **850-819-6195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #