

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90282 050 ****50.00

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1. Entity Name
ARTILLERY LOFTS LLC

Principal Place of Business
65 LEWIS BLVD.
ST. AUGUSTINE, FL 32084

Mailing Address
65 LEWIS BLVD.
ST. AUGUSTINE, FL 32084

2. Principal Place of Business
1923 Southampton Rd
Suite, Apt. #, etc.

3. Mailing Address
1923 Southampton Rd
Suite, Apt. #, etc.



04062004 Chg-LLC CR2E083 (10/03)

City & State
Jacksonville, Florida
Zip 32207 Country USA

City & State
Jacksonville, Florida
Zip 32207 Country USA

4. FEI Number 37-1472597
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, ROY E
65 LEWIS BLVD.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

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, 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

TITLE MGRM
NAME CAMPBELL, ROY E ☐ Delete
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM
NAME EASTON, WILLIAM M ☐ Delete
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRM
NAME MARTIN, EDWIN K ☐ Delete
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Hudmon, Stanton W ☐ Change ☒ Addition
STREET ADDRESS 1923 Southampton Rd
CITY-ST-ZIP Jacksonville, FL 32207

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(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

Daytime Phone #

4-13-04 (904) 398-1044