
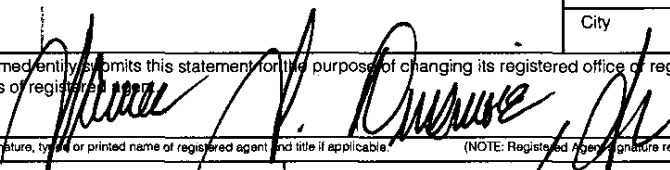
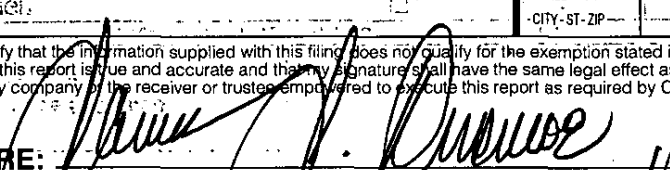


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90031 030 ****50.00

DOCUMENT # L03000030143					
1. Entity Name DINSMORE'S, LLC					
Principal Place of Business 4540 LAFAYETTE STREET, STE. LL MARIANNA, FL 32447			Mailing Address 4540 LAFAYETTE STREET, STE. LL MARIANNA, FL 32447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0157348				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DINSMORE, JAMES J JR 4540 LAFAYETTE STREET, STE. LL MARIANNA, FL 32447			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 			DATE 4/13/04		
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 DINSMORE, JAMES J JR 4540 LAFAYETTE STREET, STE. LL MARIANNA, FL 32447	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINSMORE, JAMES J JR 4540 LAFAYETTE STREET, STE. LL MARIANNA, FL 32447	<input type="checkbox"/> Delete			
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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 4/13/04 Daytime Phone #		