2004 LIMITED LIABILITY COMPANY

Aug 18, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L03000032926 1. Entity Name 08-18-2004 90078 039 ****55.00 BI-COUNTY ENTERPRISES LLC Principal Place of Business, Mailing Address 19921 LEONARD ROAD 19921 LEONARD ROAD LUTZ FL 33558 US **LUTZ FL 33558** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (4/04) City & State City & State 4. FEI Number Applied For 13-4262898 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCELHINNEY, WILLIAM C-Street Address (P.O. Box Number is Not Acceptable) 19921 LEONARD ROAD **LUTZ FL 33558** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Delete ☐ Change ☐ Addition MCELHINNËY, WILLIAM C NAME NAME STREET ADDRESS 19921 LEONARD ROAD STREET ADDRESS CITY-ST-ZIP LUTZ FL 33558 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP