


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90020 020 ****50.00

DOCUMENT # L03000033073 1. Entity Name THE O'BRIEN COMPANY, L.L.C.					
Principal Place of Business 248 HARBOR DRIVE PALATKA, FL 32177			Mailing Address P.O. BOX 408 BOSTWICK, FL 32007		
2. Principal Place of Business 103 Taylor Road		3. Mailing Address P.O. Box 408			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palatka, Florida		City & State Bostwick, Florida		4. FEI Number 03-0528091	
Zip 32177		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32007		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWTON, CLIFFORD B ESQ 10192 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Charles T. O'Brien Street Address (P.O. Box Number is Not Acceptable) 103 Taylor Road City Palatka FL Zip Code 32177		
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 <u><i>Charles T. O'Brien</i></u> DATE 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Treasurer / MBR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles T. O'Brien 103 Taylor Road Palatka, Florida 32177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary / MBR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rhonda L. O'Brien 103 Taylor Road Palatka, Florida 32177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Charles T. O'Brien</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/23/04 904-219-4607 <small>Date Daytime Phone #</small>		

~4056681



04222004 Chg-LLC CR2E083 (10/03)