
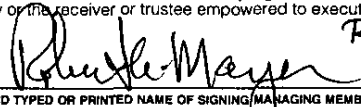


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 035 ****50.00

DOCUMENT # L03000035276					
1. Entity Name WONEF-FOWLER, LLC					
Principal Place of Business 2600 MCCORMICK DR. CLEARWATER, FL 33756			Mailing Address 2600 MCCORMICK DR. CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-0232402	
				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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CEO P	
STREET ADDRESS			STREET ADDRESS	Schuessler, John T.	
CITY-ST-ZIP			CITY-ST-ZIP	4288 W. Dublin-Granville Road	
				Dublin, OH 43017	
TITLE		<input type="checkbox"/> Delete	TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Anderson, Kerrii B.	
STREET ADDRESS			STREET ADDRESS	4288 W. Dublin-Granville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Delete	TITLE	EV S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McCorkle, Jr., Leon M.	
STREET ADDRESS			STREET ADDRESS	4288 W. Dublin-Granville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Delete	TITLE	SV T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brownley, John F.	
STREET ADDRESS			STREET ADDRESS	4288 W. Dublin-Granville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Delete	TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Musick, Ronald E.	
STREET ADDRESS			STREET ADDRESS	4288 W. Dublin-Granville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mayer, Robert A.	
STREET ADDRESS			STREET ADDRESS	4288 W. Dublin-Granville Road	
CITY-ST-ZIP			CITY-ST-ZIP	Dublin, OH 43017	
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: 			Robert A. Mayer, Vice President		
			Date: 4/23/04		Daytime Phone #: 614-764-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					