2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038824

Entity Name: CANINGNI NICIA/MANI ANID IA/CLI CLI C

FILED Jul 28, 2004 Secretary of State

Entity Name: CANNON,	INEVIVIAN AND WELLS LLC			
Current Principal Place of Business:		New Principal Place of Business:		
PO BOX 1090 PORT ST JOE, FL 32456				
Current Mailing Address:		New Mailing Address:		
PO BOX 1090 PORT ST JOE, FL 32456				
FEI Number: 59-3773194	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
A1A REGISTERED AGEN 92 SADBERRY RD. QUINCY, FL 32351 US				
The above named entity so in the State of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both	
SIGNATURE:				
Electronic	c Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: () [Name:	Delete	Title: MGR Name: CANNON,	() Change (X) Addition FRANK D	

PO BOX 1090 Address: Address:

PORT ST JOE, FL 32456 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK D CANNON **PRES** 07/28/2004