

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040129

FILED
Jan 05, 2004
Secretary of State

Entity Name: BILL BOYD COMPANIES, L.L.C.

Current Principal Place of Business:

ROUTE 13, BOX 316
LAKE CITY, FL 32055

New Principal Place of Business:

NW 900 FRONTIER DRIVE
LAKE CITY, FL 32055

Current Mailing Address:

ROUTE 13, BOX 316
LAKE CITY, FL 32055

New Mailing Address:

NW 900 FRONTIER DRIVE
LAKE CITY, FL 32055

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, BILL
ROUTE 13, BOX 316
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

BOYD, BILL
NW 900 FRONTIER DRIVE
LAKE CITY, FL 32055 US

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.

SIGNATURE:

01/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOYD, BILL
Address: ROUTE 13, BOX 316
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: BOYD, LYNNE D
Address: ROUTE 13, BOX 316
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOYD, BILL
Address: NW 900 FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM (X) Change () Addition
Name: BOYD, LYNNE D
Address: NW 900 FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055

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: WILLIAM L. BOYD

MR

01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date