2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042257

FILED Aug 30, 2004 8:00 am Secretary of State 05-13-2004 90324 039 ****50.00

Marine of Business Mailing Address 2383 NW 134TH STREET 2383 NW 134TH STREET CITRA, FL 32113 23113	THOMAS	FIRE ENTERPRISES, LLC								
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City & State A. FER Number 3268 X550 Associated Associated For FT44-74-75 X58 National Fee FRequired Status Desired Fee FRequired	Principal Place of Business 3. Mailing Address									
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	•		3 (10/03)	
E. Natine and Address of Current Registered Agent 7. Name and Address of New Registered	City & State	2	City & State			4. FEI Numb	<u> </u>	58		
PARTY PLACE CITRA, FL 32113 City FL Zip Code 8. The above named withy 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. You'd by Printed Name of implicated your score is postable. Fitting Foe is \$50.00 Due by September 8, 2004 9. MANAGING MEMISERS/MANAGERS 116. ADDITIONS/CHANGES FIRE, THOMAS F SIRER ADDITIONS/CHANGES OITY-ST-ZP OCALA, FL 32113 OITY-ST-ZP OCALA, FL 32113 ORDER ORDER	Zip	Country	Zip	Country 5, Cert				\$		
Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the Sites of Florida. I am familiar with, and access the objections of registered agent. SIGNATURE SQUALTE, Two or promoterns of implaced Agent and the isodecabe. OPPTE Registered Agent agents resemble with minimate and the isodecabe. OPPTE Registered Agent agents resemble with minimate and interest of State SQUALTE, Two or promoterns of implaced Agent agents of the purpose of changing is registered agent, or both, in the Sites of Florida. I am familiar with, and access the objects of registered agent. SQUALTE Experts of registered agent. ONTE Registered Agent agents resemble with minimate agent in resemble of their information of the control of State SQUALTE, The Description of State 9. MANAGING MEMBERS /			Registered Agent		Name	7. Name an	d Address of New R	egistered Aç	jent	
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9. MANAGING MEMBERS/MANAGERS 16. ADDITIONS/CHANGES TITLE MGR. THOMAS F SITERT ADDRESS CITY-ST-2IP TITLE DCALA, FL. 32113 TITLE NAME SITERT ADDRESS CITY-ST-2IP TITLE NAME	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO:	TE: Registers	d Agent signature require	ed when reinstating)		DATE		}
TITLE NAME STREET ADDRESS CITY-ST-2P COALA, FL 32113 Delete TITLE STREET ADDRESS S	Filing Fee is \$50.00 Due by September 8, 2004									e
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SIGNATURE: DATE OF PRINTED NAME OF FIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DATE DESCRIPTION OF PROPER DE	indicated limited lial	on this report is true and accurate and billty company or the acciver or truste	d that my signature shall have the empowered to execute this	e the same s report as	a legal effect as if it is required by Char	made under oa pter 608, Florida	in; that I am a manag a Statutes.	l further certif ging member	y that the in or manage	nformation er of the