

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90001 032 \*\*\*\*50.00

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MOORE CR2E083 (11/03)

<b>DOCUMENT # L03000042424</b> 1. Entity Name <b>LARRY'S BACKHOE SERVICE, LLC</b>																																																																						
Principal Place of Business <b>403 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327-0610</b>			Mailing Address <b>403 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327-0610</b>																																																																			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																				
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>510488030</b>																																																																		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																		
6. Name and Address of Current Registered Agent  <b>CRAFT, LARRY 403 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327-0610</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering)      DATE _____																																																																						
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																			
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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>Larry Craft</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																						