


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90158 021 \*\*\*\*50.00

<b>DOCUMENT # L03000044977</b>	
1. Entity Name <b>DESOTO SAND AND SHELL, L.L.C.</b>	

Principal Place of Business <b>P.O. BOX 789 ARCADIA, FL 34265</b>	Mailing Address <b>P.O. BOX 789 ARCADIA, FL 34265</b>
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**24029380**

2. Principal Place of Business <b>105 SOUTH BREVARD AVE</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>ARCADIA, FL</b>	City & State
Zip <b>34266</b>	Country <b>DESOTO</b>



03172004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0588040</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>WALDRON, EUGENE E JR. 124 NORTH BREVARD AVENUE ARCADIA, FL 34266</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 reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, EUGENE H P.O. BOX 789 ARCADIA, FL 34265 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, EUGENE H JR. P.O. BOX 789 ARCADIA, FL 34265 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **3/20/04** **(863) 494-4777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
**Eugene H. Turner, Jr.**