
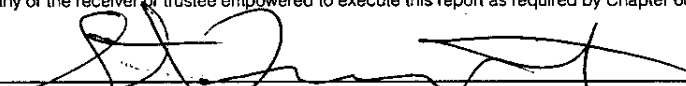


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046994					
1. Entity Name FARNSWORTH SIDING LLC					
Principal Place of Business 20 RICHLAND RD CRAWFORDVILLE, FL 32327			Mailing Address 20 RICHLAND RD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business 91076B cottonwood Ln		3. Mailing Address 1076-B Cotton-wood Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32362		Country Leion		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  FARNSWORTH, STEVE 20 RICHLAND RD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: Steve Farnsworth Street Address (P.O. Box Number is Not Acceptable): 1076-B cottonwood Ln City: Tallahassee FL Zip Code: 32362		
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 _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARNSWORTH, STEVEN 20 RICHLAND RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200039127872 07/14/04--01058--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOWERS, GEORGE R 128 HUDSON LN CRAWFORDVILLE, FL 32327	<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	
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	
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	
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	
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: 			Date: 7-8-2004 Daytime Phone #: 850 567-3564		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

