

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047349

Entity Name: R & W ACOUSTICS, LC.

FILED
Jul 03, 2004
Secretary of State

Current Principal Place of Business:

794 N. WALTON LAKESHORE DR.
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

794 N. WALTON LAKESHORE DR.
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 27-0049746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, ROY, LLL
794 N. WALTON LAKESHORE DR.
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

BURNS, ROY, 111
794 N. WALTON LAKESHORE DR.
PANAMA CITY BEACH, FL 32413 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: ROY BURNS 111

07/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BURNS, WILLIAM W
Address: 369 EAGLE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGRM () Delete
Name: BURNS, ROY, LLL
Address: 794 N. WALTON LAKESHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BURNS, ROY, 111
Address: 794 N. WALTON LAKESHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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: ROY BURNS 111

MGR

07/03/2004

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