2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 14, 2004 8:00 am Secretary of State 04-30-2004 90062 019 ****50.00

QUINCY, FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Rag Name JOHNSON, BARBARA A 373 E. JEFFERSON ST- QUINCY, FL 32351 City 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 Florid the obligations of registered agent. SIGNATURE Signame, typed or printed name of registered agent. (NOTE: Registered Agent agreeure required when nametating) Make of Fibrid Fee Is \$50.00	CR2E083 (10/03) Applied For Not Applied For S5.00 Additional Fee Required distered Agent FL Zip Code
314 NORTH 11TH STREET QUINCY, FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Country S. Certificate of Status Desired 7. Name and Address of New Rag Name Street Address (P.O. Box Number is Not Acceptable) City A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florid the obligations of registered agent. Signature, speed or primar remaind agent and the Facebooks. (NOTE: Registered Agent signature required when remaining) Make of Status Desired April Place is \$50.00	CR2E083 (10/03) Applied For Not Applicable S5.00 Additional Fee Required Statement Agent FL Zip Code Ja. 1 am familiar with, and accept
QUINCY, FL 32351	CR2E083 (10/03) Applied For Not Applicable S5.00 Additional Fee Required Statement Agent FL Zip Code Ja. 1 am familiar with, and accept
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired 7. Name and Address of New Rag IOHNSON, BARBARA A 373 E. JEFFERSON ST- QUINCY, FL 32351 City L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. Signature:	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required distered Agent FL Zip Code Jan familiar with, and accept
City & State 4. FEI Number 20-0'21921 5. Certificate of Status Desired 7. Name and Address of New Reg IOHNSON, BARBARA A 373 E. JEFFERSON ST Street Address (F.O. Box Number is Not Acceptable) City C	Applied For Not Applicable \$5.00 Additional Fee Required statement Agent Zip Code Light Tamillar with, and accept the second s
Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Rag IOHNSON, BARBARA A 373 E. JEFFERSON ST- QUINCY, FL 32351 City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. Signature: Signature: Typod or prefered agent and total # applicable. (NOTE: Registered Agent aignature required when reinstating) Make of the purpose o	Not Applicable \$5.00 Additional Fee Required Pattered Agent FL Zip Code Ia. 1 am familiar with, and accept
6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 87.3 E. JEFFERSON: ST-20UINCY, FL 32351 City L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. Signature: Sprature, typed or printed reme of registered agent, and toke # applicable. (NOTE: Registered Agent aggrature required when refristring) Filling Fee is \$50.00	Fee Required sistered Agent FL Zip Code ta. 1 am familiar with, and accept
OHNSON, BARBARA A 73 E. JEFFERSON ST Street Address (P.O. Box Number is Not Acceptable) City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. IGNATURE Street Address (P.O. Box Number is Not Acceptable) City Note: Registered Agent signature required when reinstating) Filling Fee is \$50.00	FL Zip Code ta. 1 am familiar with, and accept
Street Address (P.O. Box Number is Not Acceptable) City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. IGNATURE Signature, typod or printed remaind registered agent and the # applicable. (NOTE: Registered Agent agenture required when reinstating) Makes	ta. I am familiar with, and accept
City L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. SIGNATURE Signature. Typod or printed name of registered agent, and take if explicitable. (NOTE: Registered Agent agenture required when reinstring) Filling Fee is \$50.00	ta. I am familiar with, and accept
L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the obligations of registered agent, or both, in the State of Florid the Obligations of registered agent, or both in the State of Florid the Obligations of registered agent, or both in the State of Florid the Obligations of registered agent, or both in the State of Florid the Obligations of registered agent, or both in the State of Florid the Obligations of registered agent, or both in the State of Florid the State of Florid the State of Florid the Obligation of Florid the State of Florid the S	ta. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title # ecolocable. (NOTE: Registered Agent algorithm required when reinstating) Filling Fee Is \$50,00	ta. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or primar remaind agent and tree # applicable. (NOTE: Registered Agent agenture required when reinstating) Filling Fee is \$50.00	
Signature, typod or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstraing) ### Filling Fee is \$50.00	0.75
	DATE
Due by May 1, 2004 Florida D	check payable to Department of State
. MANAGING MEMBERS/MANAGERS 16. ADDITIONS/CH	HANGES
ITLE MGR Delete ITILE NAME FELIX, JOSE	Change Addition
TREET ADDRESS 314 NORTH 11TH STREET STREET ADDRESS	
TY-ST-ZP QUINCY, FL 32351 CITY-ST-ZP	
ITLE MGRM Delete TITLE AME MARTINEZ, MARCOX NAME	☐ Change ☐ Addition
TREET ADDRESS 1333 W JEFFERSON ST LOT 6 STREET ADDRESS	
TY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP	
TILE MGRM Delete TITLE	☐ Change ☐ Addition
ROJAS, ROSENDO NAME	-
TREET ADDRESS P O BOX 596 TY-ST-ZIP GRETINA, FL 32332 CITY-ST-ZIP	
TLE Delete TITLE	Change Addition
- NAME	
TREET ADDRESS STREET ADDRESS	
17'-ST-ZIP	Change Addition
TLE Delete TITLE	C) Crange C) Addition
TREET ADDRESS . STREET ADDRESS	
TY-ST-ZIP CTY-ST-ZIP	
TILE TITLE	* Change 🔲 Addition
AME NAME TREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
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 fundicated 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	orther certify that the information of member or manager of the