

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048160

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ELJEN ENTERPRISE, LLC

## Current Principal Place of Business:

104 GARFIELD DR  
PENSACOLA, FL 32505 US

## New Principal Place of Business:

6818 TIKI LANE  
2  
PENSACOLA, FL 32503 US

## Current Mailing Address:

104 GARFIELD DR  
PENSACOLA, FL 32505 US

## New Mailing Address:

6818 TIKI LANE  
2  
PENSACOLA, FL 32503 US

FEI Number: 81-0620526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOCKLIN, EDNA M  
104 GARFIELD DR  
PENSACOLA, FL 32505 US

## Name and Address of New Registered Agent:

LOCKLIN, EDNA M  
6818 TIKI LANE  
2  
PENSACOLA, FL 32503 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:

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: LOCKLIN, CARLOS R MEMBER  
Address: 6818 TIKI LANE APT 2  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR ( ) Change (X) Addition  
Name: SANDERS, JESSICA L MEMBER  
Address: 6818 TIKI LANE APT 2  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM ( ) Change (X) Addition  
Name: LOCKLIN, EDNA M MEMBER  
Address: 6818 TIKI LANE APT 2  
City-St-Zip: PENSACOLA, FL 32503

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: EDNA M LOCKLIN

MGRM

04/30/2004

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