2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State 07-30-2004 90132 024 ****50.00

NAME SIREET ADDRESS CITY-ST-ZIP MCINTOSH, EL 32664 TITLE MGRM NAME KINGSLEY, JUDY S SIREET ADDRESS CITY-ST-ZIP MCINTOSH, FL 32664 TITLE NAME KINGSLEY, JUDY S SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # L03000049				07-30-2004 90	132 024 ****	50.00
Subs. ACI. P. C. Subs. ACI. P	20702 1211	I STREET	20702 12TH STREET		1	4047101		
Supplement Sup	Mez	hilosh, 7(a	POBOLI	166			-	
S. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 Sireot Address (P.O. Box Number is Not Acceptable) City FL Zg Code City FL Zg Code City FL Zg Code City FILING Fee is \$50.00 Nake check payable to Plorida Department of the purpose of changing its registered signal, in the State of Plorida. I am familiar with, and acceptable to Plorida Department of State Filing Fee is \$50.00 Due by September 8, 2004 Filing Fee is \$50.00 Due by September 8, 2004 Signal Address (P.O. Box Number is Not Acceptable) Filing Fee is \$50.00 Nake check payable to Plorida Department of State Plorida Department of State Signal Address (P.O. Box Number is Not Acceptable) The Make Check payable to Plorida Department of State Plorida Department of State Plorida Department of State Signal Address (P.O. Box Number is Not Acceptable) The Make Check payable to Plorida Department of State Plorida De	McZ 3266	nosh, Fla	Me In tos	Country	X37-	1489448	Ap No \$5.00 Add	t Applicable
8. The above named entity submits this statement for the purpose of changing its rog stored office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent. SIGNATURE Signature, hyperials principlating agent and time a supplicable. (ICITE Registered Agent agent) Durit	1201 HAY	ATION SERVICE COMPANY S STREET		Name				
The collipations of registered agent Signature Si	8. The above	named entity submits this statement f	or the purpose of changing	L	stered agent, or bot	h. in the State of Florida.	LT	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGRM KINGSLEY, THURMAN G	SIGNATURE	Signature, typed & printed name of registered agen	t and tale if applicable. (No	DTE: Registered Agent signature requ	uired when reinstating)	Make che	eck payable to	
TITLE MGRM (NOGSLEY, THURMAN G NAME KINGSLEY, THURMAN G NAME KINGSLEY, THURMAN G SIREET ADDRESS CITY-ST-ZIP MCINTOSH, SERVEET (STREET CITY-ST-ZIP) TITLE MGRM (KINGSLEY, JUDY S NAME SIREET ADDRESS CITY-ST-ZIP) TITLE NAME SIREET ADDRESS CITY-ST-ZIP TI	0	MANAGING MEMR	ERS/MANAGERS	10		ADDITIONS (CHA	NOES	
NAME KINGSLEY, JUDY S 20702 12TH STREET CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE N	TITLE NAME STREET ADDRESS	MGRM KINGSLEY, THURMAN G 20702 12TH STREET		TITLE NAME STREET ADDRESS		ADBITIONS/CHAI		Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS 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 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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	indicated limited lia	on this report is true and accurate and bility company or the receiver or trusts. **TURE: X ** Jumps** **TUR	d that my signature shall have empowered to execute the	re the same legal effect as is report as required by Ch	if made under oath apter 608, Florida s	; that I am a managing n	nember or manage	r of the