


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 024 ****50.00

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| DOCUMENT # L03000051212 1. Entity Name MARTY ENFINGER LLC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 11784 NW GLORY ROAD ALTHA, FL 32421 | | | Mailing Address 11784 NW GLORY ROAD ALTHA, FL 32421 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | 03222004 Chg-LLC CR2E083 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 4. FEI Number 11-3709296 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ENFINGER, MARTY 11784 NW GLORY ROAD ALTHA, FL 32421 | | | 7. Name and Address of New Registered Agent Name JOHN W. MOORE JR. Street Address (P.O. Box Number is Not Acceptable) 24874 NE IRA Fowler Rd. City Altha FL Zip Code 32421 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <i>John W. Moore Jr.</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/27/04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> MGRM ENFINGER, MARTY 11784 NW GLORY ROAD ALTHA, FL 32421 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ENFINGER, MARTY 11784 NW GLORY ROAD ALTHA, FL 32421 <input type="checkbox"/> Delete | | | | | | | | | | | | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | |
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| 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: <i>John W. Moore Jr. LLC</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date 4/27/04 Daytime Phone # 850-762-9138 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |