

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053555

1. Entity Name
FIRST COMMERICAL FINANCIAL COMPANY, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 16 AM 11:59

Principal Place of Business
2754 LEVY STREET
COTTONDALE, FL 32431

Mailing Address
P.O. BOX 561
COTTONDALE, FL 32431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05212004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBY, JOE E
4879 MAGNOLIA ROAD
MARIANNA, FL 32448

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BUSBY, JOE E
STREET ADDRESS 4879 MAGNOLIA ROAD
CITY-ST-ZIP MARIANNA, FL 32448

TITLE ☐ Change ☐ Addition
NAME 800039337538
STREET ADDRESS 07/20/04--01032--004 **50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BRAXTON, M W
STREET ADDRESS 3915 PEANUT ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BRAXTON, KENNETH P
STREET ADDRESS 3844 VETERAN ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HARMS, LARRY M
STREET ADDRESS 5510 S. WESTMORELAND RD STE 300
CITY-ST-ZIP DALLAS, TX 75237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BOONE, ANDREW W
STREET ADDRESS 5510 S. WESTMORELAND RD STE 300
CITY-ST-ZIP DALLAS, TX 75237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/21/04 850-352-4233

Date

Daytime Phone #