## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 06, 2004 8:00 am Secretary of State

DOCUMENT # L03000054463  1. Entity Name CRAIG T. JAMES, P.L.					07-06-2004 90155 035 ****50.00			
Principal Plac	ce of Business	Mailing Address			1	TANKY	~. <del>~</del>	
431 E. NEW YORK AVE.						- "		
DELAND, FL 32724 US DELAND, FL 32724 US						٠.		
	4					I <b>Paire</b> John Bair A <b>a</b> ir <b>ik</b> ii	eidiam ián óint e	H <b>ar</b> (8 <b>00</b> ) (40)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg-LLC CR2E083 (10/03)				
City & State		City & State		FEI Numb			Applied For Not Applicable	
Zip Country		Zip Country		20-049		S5.00	Additional	
· L				Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
JAMES, CRAIG T			,	Name				
431 E. NEW YORK AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
DELAND, FL 32724 —								
		Ĺ		Cir.			<b>—</b> 0 12:0	0-4-
				City FL Zip Code				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.								
ane ounganone or registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE	E: Registered Ag	gent signature required	when reinstating)	* * * * * * * * * * * * * * * * * * * *	DATE	<del></del> .
	1	T	· .			<del></del>		
Due by September 8, 2004					•		check payable	
Due l	by September 8, 2004		•	.	İ	Florida	Department of	State
9	- MANAGING MEMBE	RS/MANAGERS	10,			ADDITIONS/	<del></del>	
TITLE	MGRM	☐ Delete	TITLE				☐ Cha	nge Addition
NAME	JAMES, CRAIG T		NAME					
STREET ADDRESS CITY-ST-ZIP	431 E, NEW YORK AVENUE DELAND, FL 32724		STREET A	1				
TITLE	DECAND, 12 32124	Delete	TITLE				☐ Cha	inge
NAME	:	☐ Delete	NAME					
STREET ADDRESS	:			ADDRES\$				
CITY-ST-ZIP			CUA-21	- ZIP				
TITLE	i i	☐ Defete	TITLE				☐ Cha	ange Addition
STREET ADDRESS		سيدسيانين إحم	NAME STREET A	ADDRESS		ي- يہ ⊶ سيبرس	ر خرجمت کی	
CITY-ST-ZIP	1		CITY-ST	1				
TITLE		☐ Delete	TITLE				☐ Cha	ange 🔲 Addition
NAME	£	•	NAME	ľ				
STREET ADDRESS	0		STREET A	J				ļ
CITY-ST-ZIP	1			1-2IP				ange
TITLE NAME	il	☐ Delete	TITLE NAME	}			LJ CIK	arge Addition
STREET ADDRESS			STREET A	ADDRESS				·
CITY-ST-ZIP	<u> </u>		CITY-ST	- ZIP ·				
TITLE	and the same of th	☐ Delete	TITLE			1	☐ Cha	
NAME	The same of Black	; }	NAME	42D0566			egahe i ili. Egyandili	2 ·
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		■ STREET A	ADDRESS		, 1 <sup>2</sup>	of the second	2
STREET ADDRESS		i	l'	r- ZiP		;		
STREET ADDRESS CITY-ST-ZIP		this filling does not qualify for	CITY-ST	ation stated in Co	ection 119 07/3	(i), Florida Statutes 1	further certify that	the information
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for that my signature shall have	CITY-ST	ation stated in Co	ection 119.07(3 nade under oat ter 608. Florida	(i), Florida Statutes. I h; that I am a manag Statutes	further certify that ing member or ma	the information inager of the