2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State
04-22-2004 90357 030 ****50.00

DOCUMENT # L03000057533

1. Entity Name
TERRY W SANDERS LLC

Principal Place of Business	Mailing Address
5381 NE 25TH AVE OCALA, FL 34470 US	PO BOX 1286 SILVER SPRINGS, FL 34489 US

340011...

2. Principal Place of Business	3. Mailing Address
5381 NE 25th Ave	P.O Box 1286
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl	City & State: Silver Springs Fl
Zip: 34479 Country: Marion	Zip: 34489 Country: Marion

02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-2885-788 ☐ Applied For ☐ Not Applicable

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
SANDERS, TERRY W PO BOX 1286 SILVER SPRINGS, FL 34489	Name: Terry Sanders Street Address (P.O. Box Number is Not Acceptable): 5381 NE 25th Ave City: Ocala FL Zip Code: 34479

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, TERRY W PO BOX 1286 SILVER SPRINGS, FL 34489 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Terry W Sanders 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #