2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2004 8:00 am Secretary of State

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DOCUMENT # L0400000677 1. Enlity Name FUGATE ENTERPRISES, LLC					02-26-2004 90203 013 ****55.00				
Principal Place of Business Mailing Address						21	INTAC	0.0	
8311 BOWEN ROAD BAKER, FL 32531		8311 BOWEN ROAD BAKER, FL 32531			24014688				
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2: Principal P	lace of Business	3. Mailing Address							
	ALTON BEACH FLA	BELOW							
Suite, Apt. #, etc. 98 EGLIN PARKWAY NE #3		Suite, Apt. #, etc. 98 F.G.I.TN PARKWAY NE #3		NF #3	02022004 Chg-LLC CR2E083 (10/03)			-	
FT. WALTON BEACH FLA		City & State FT. WALTON BEACH FLA			'43 FEI Number 90-0133593			<u> </u>	plied For Applicable
Zip Country 32548 USA		Zip Count 32548 US			(5) Certificate of Status Desired		\$5.00 Additional Fee Required		
	6. Name and Address of Current F			Τ	7. Name an	Address of New Re			
Nam					نه تعدید نیا	حمست سنتنست			
FUGATE, DONALD R				<u> </u>					
8311 BOWEN ROAD				Street Address (P.O. Box Number is Not Acceptable)					
BAKER, F	L 32531						···		
				City			FL	Zip Code	,
	named entity submits this statement for tions of registered agent.	the purpose of changing its	røgister	ed office or register	ed agent, or be	oth, in the State of Flor	rida. I am far	niliar with, a	and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registere	ed Agent signature required	when reinstating)		DATE		
ŧ			-		·				
Fi D	iling Fee is \$50.00 ue by May 1, 2004				Make check payable to Florida Department of State				
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	Delete	TITL			7,0011101107		Change	Addition
NAME	FUGATE, JANET R	Delete	NAM	l l					
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City-St-zip			CIT	Y-ST-ZIP					
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NAME STREET ADDRESS			NAM STR	REET ADDRESS					l
CITY-ST-ZIP				Y-ST-ZIP					
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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: PARTNER PARTNER FEBRUARY 18, 2004

GENATURE AND TYPES OR PRINTEDNAME OF SCHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPASSENTATIVE

FEBRUARY 18, 2004

Opposition