## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNOAL REPORT					Secretary of State			
DOCUMENT # L9400000721  1. Entity Name FUTRAL'S FEED STORE, L.C.					·		90204 023 ****	
Principal Place of Business 3371 PALM BEACH BLVD		Mailing Address 3371 PALM BEACH BLVD				-		
FT MYERS, F	L 33916	FT MYERS, FL 33916			1 3 <b>8 8 11 17</b> 19 18	1812 <b>618</b> 17 <b>28</b> 74 <b>29</b> 111 <b>83</b>	31 B 8111 <b>1 8</b> 314 <b>8 8</b> 51 3 8 51 6 1 1 8 51 1	H B B B B B B B B B B B B B B B B B B B
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numbe 65-0555		N	pplied For ot Applicable
Žip 	Country Zip		Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	Registered Agent -	
FUTRAL, GEORGE 454 VAN BUREN ST				Street Address (P.O. Box Number is Not Acceptable)				
FT MYERS	S, FL 33916				.,	· · · · · · · · · · · · · · · · · · ·		·
				City			FL Zip Co	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered	office or register	ed agent, or both	n, in the State of Fl	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	gent signature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004						ce check payable to a Department of Sta	le	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGR	Delete	TITLE	l			Change	Addition
NAME STREET ADDRESS	FUTRAL, GEORGE 454 VAN BUREN ST			*000000				
CITY-ST-ZIP	FT MYERS, FL 33916		CITY-ST	adoress -Zip				
TITLE	MGR	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	1		NAME	*000000				!
CITY-ST-ZIP			CITY-ST	ADDRESS ZIP				1
TITLE NAME	33116	☐ Delete	TITLE NAME				☐ Change	Addition
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TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME Street /	ADDRESS				
CITY-ST-ZIP			CITY-ST					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME CTREET ANDRESS			NAME	LDODEGO				]
STREET ADDRESS CITY-ST-ZIP			STREET /					ļ
TITLE		Delete	TITLE			·	☐ Change	Addition
NAME STREET ADDRESS	,		name Street /	MODERC				
CITY-ST-ZIP			спу-51	-ZIP				
11. I hereby indicated	certify that the information supplied with f on this report is true and accurate and t	this filing does not qualify for that my signature shall have t	the exemp	otion stated in Second effect as if m	ction 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2/21/04

239 334 3431

Daytime Phone #