

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001032

Entity Name: NELSON, L.C.

FILED
Jun 14, 2004
Secretary of State

Current Principal Place of Business:

871 VIA LIGANO
WINTER PARK, FL 32789

New Principal Place of Business:

1140 ALBRIGHT ROAD
SANFORD, FL 32771 US

Current Mailing Address:

871 VIA LIGANO
WINTER PARK, FL 32789

New Mailing Address:

1140 ALBRIGHT ROAD
SANFORD, FL 32771 US

FEI Number: 59-3524112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWELL, DENNIS K
871 VIA LIGANO
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

TOWELL, DENNIS K
1144 NW SPRUCE RIDGE DRIVE
STUART, FL 34994 US

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.

SIGNATURE: DENNIS K. TOWELL

06/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RHYNALDS, WILLIAM A
Address: 400 BEACH PARK LAND
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: TOWELL, DENNIS K
Address: 9250 SIDNEY HAYES ROAD
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TOWELL, DENNIS K
Address: 1144 NW SPRUCE RIDGE DRIVE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENNIS K. TOWELL

MGR

06/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date