

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001950 1. Entity Name MEEKS, ROSS, PAULK & ASSOCIATES, CPAS, LLC	
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Principal Place of Business 1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	Mailing Address 1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

02052004 No Chg-LLC

CR2E083 (10/03)

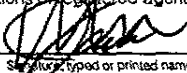
4. FEI Number 59-3533195	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEEKS, JACK
1300 RIVERPLACE BOULEVARD, SUITE 300
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000116285
04/15/04-00058-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEEKS, JACK 1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207
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IN THIS SPACE**

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: X  4/15/2004 904-346-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #