2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # L99000001264 1. Entity Name POPPELL, L.C. Principal Place of Business Mailing Address 911A MAR WALT DRIVE 911A MAR WALT DRIVE FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 02162004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3577068 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT DO NOT WRITE 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when ministating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE POPPELL, SAMUEL E NAME - U00000075987 03/04/04-80009-002 50.00 STREET ADDRESS 911 MAR WALT DRIVE CITY-ST-ZIP FORT WALTON BEACH, FL 32547 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

SIGNATU	JRE:
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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-25-04

Date

Daytime Phone #

FILED