


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000001692</b> 1. Entity Name SPRING NATIONAL BARBECUE FESTIVAL, L.C.	
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Principal Place of Business 5242 REDWOOD PLACE PLANTATION, FL 33317	Mailing Address 5242 REDWOOD PLACE PLANTATION, FL 33317
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**DO NOT WRITE IN THIS SPACE**



04192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2082553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  C. ROBERT MARKHAM FOUNDATION, INC. 5242 REDWOOD PLACE PLANTATION, FL 33317
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when restate[ing])	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

11/11/00124512  
04/22/04-80039-070 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKHAM, MADOLYN 5242 REDWOOD PLACE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, GAYLORD A 304 SW 12 STREET FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKHAM, SHARON R 58 CAYUGA RD. SEA RANCH LAKES, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKHAM, JAMES RHODES 58 CAYUGA RD SEA RANCH LAKES, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 606, Florida Statutes.

<b>SIGNATURE:</b> 	4/19/04	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		