## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## **DOCUMENT # L99000009235** 04 JAN 23 AM 9: 17 BEVÉRLY A. MORRIS P.L. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 808 SE FORT KING ST 808 SE FORT KING ST OCALA, FL 34471 OCALA, FL 34471 01092004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3615425 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, BEVERLY A DO NOT WRITE 808 SE FORT KING STREET OCALA, FL 34471 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MORRIS, BEVERLY A NAME STREET ADDRESS 808 SE FORT KING STREET 700028159377 OCALA, FL 34471 CITY-ST-ZIP 02/03/04--01066--002 \*\*50.00 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET COORESS CITY-ST;ZIP 11. If ereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

FILED