## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## DOCUMENT # M00000002599

1. Entity Name D. H. DISTRIBUTING, L.L.C.



Mailing Address

650-A SOUTH MCDONOUGH ST. MONTGOMERY, AL 36104

Principal Place of Business

650-A SOUTH MCDONOUGH ST. \_MONTGOMERY, AL 36104

## **FILED** Feb 16, 2004 08:00 AM Secretary of State



02132004 No Chg-LLC

CR2E083 (10/03)

E Cartificate of Status Desired	■ 1 \$5.00 Additional
63-1260031	Not Applicable
4. FEI Number	Applied For

Fee Required

CIT CORPORATION SYSTEM

1200 S. PINE ISLAND RD. PLANTATION, FL 33324		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of clions of registered agent.	hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)  DATE
	iling Fee is \$50.00 ue by May 1, 2004	·
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM HINSON, DWIGHT 650-A SOUTH MCDONOUGH ST. MONTGOMERY, AL 36104	U00000054417 02/16/04-80169-025 50.00
TITLE NAME STREET ADDRESS CITY ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated limited ha	certify that the information supplied with this filing does not on this report is true and accurate and that my signature billity company or the receiveror trustee impowered to e	ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under cath, that I am a managing member or manager of the xecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE A