2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000000221

1. Entity Name
CONTINENTAL PACIFIC, LLC

Principal Place of Business	Mailing Address
901 S THREE NOTCH ST	PO BOX 755
TROY, AL 36081	TROY, AL 36081

DO NOT WRITE IN THIS SPACE

04022004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
63-0825650		Not Applicable

5. Certificate of Status Desired ☐ | $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000123349
04/22/04-80001-012 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HENDERSON, JEREMIAH A
STREET ADDRESS	20102 ATASCOTIA LAKES DR
CITY-ST-ZIP	HUMBLE, TX 77346

TITLE	MGRM
NAME	STROTHER, JAMES B
STREET ADDRESS	261 SANDTRAP RD., UNIT 1-C
CITY-ST-ZIP	DESTIN, FL 32550

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

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