

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002083**

1. Entity Name  
**ALABAMA COWBOY DENIS LLC**



Principal Place of Business

**437 TWIN BAY DRIVE  
PENSACOLA, FL 32534**

Mailing Address

**437 TWIN BAY DRIVE  
PENSACOLA, FL 32534**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**91-2145831**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DK SHELLEY INC.  
437 TWIN BAY DRIVE  
PENSACOLA, FL 32534**

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SHELLEY, DENIS  
437 TWIN BAY DRIVE  
PENSACOLA, FL 32534**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SHELLEY, LOIS  
437 TWIN BAY DRIVE  
PENSACOLA, FL 32534**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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07/07/04-80032-018 50.00

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:**

*Denis K. Shelley* **DENIS K. SHELLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**7-1-04**

Date

**7195700985**

Daytime Phone #