

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001510

FILED
Jan 06, 2004
Secretary of State

Entity Name: TOWN & COUNTRY LEASING, LLC

Current Principal Place of Business:

1097 COMMERCIAL AVE
PO BOX 329
EAST PETERSBURG, PA 17520

New Principal Place of Business:

Current Mailing Address:

1097 COMMERCIAL AVE
PO BOX 329
EAST PETERSBURG, PA 17520

New Mailing Address:

FEI Number: 41-2042582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHOCH, JAMES C
Address: 1097 COMMERCIAL AVE., PO BOX 329
City-St-Zip: EAST PETERSBURG, PA 17520

Title: MGR () Delete
Name: LYNCH, DAVID L
Address: 1097 COMMERCIAL AVE., PO BOX 329
City-St-Zip: EAST PETERSBURG, PA 17520

Title: MGR () Delete
Name: MILLER, CHRISTOPHER A
Address: 1097 COMMERCIAL AVE., PO BOX 329
City-St-Zip: EAST PETERSBURG, PA 17520

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER A. MILLER

MGR

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date