

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90072 025 \*\*\*\*50.00

<b>DOCUMENT # M02000002864</b> 1. Entity Name HEAD (PBC). LLC																													
Principal Place of Business 18300 SCENIC HIGHWAY 98 POINT CLEAR, AL 36564			Mailing Address 18300 SCENIC HIGHWAY 98 POINT CLEAR, AL 36564																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 41-2034631																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Stephen B. Shell Street Address (P.O. Box Number is Not Acceptable) 226 Palafox Place Ninth Floor, Seville Tower City Pensacola FL Zip Code 32501																									
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/26/04																													
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEAD, DAVID H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18300 SCENIC HIGHWAY 98</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POINT CLEAR, AL 36564</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	HEAD, DAVID H		STREET ADDRESS	18300 SCENIC HIGHWAY 98		CITY-ST-ZIP	POINT CLEAR, AL 36564		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  DATE 1-29-04																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													