2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 08, 2004 08:00 AM Secretary of State DOCUMENT# M03000002706 1. Entity Name BUILDINGS AND MORE, LLC Principal Place of Business Mailing Address **802 CRAIG DRIVE** 802 CRAIG DRIVE HENDERSON, KY 42420 HENDERSON, KY 42420 CR2E083 (10/03) 03032004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0112142 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, SUSAN DO NOT WRITE 9 FLAGSHIP DRIVE PALM COAST, FL 32137 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. (NOTE, Registered Agent signature required when reinstating) DAJE Signature, typed or printed name of recistered agent and title if applicable, Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SPRAGUE, BARBARA NAME U00000081828 03/08/04-<u>8</u>0165-007 **50,00** STREET ADDRESS 802 CRAIG DRIVE CITY-ST-ZIP HENDERSON, KY 42420 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGN IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE