


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M95000000293</b><br>1. Entity Name<br>3A, L.L.C. |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                          |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>7150 ESTERO BLVD, APT 501<br>FT MYERS BEACH, FL 33931 | Mailing Address<br>211 S. WALNUT ST.<br>MUNCIE, IN 47305 |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC CR2E083 (10/03)

|                                                                         |                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>35-1961190                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

ALLARDT, JOSEPH E JR  
7150 ESTERO BOULEVARD, #501  
FORT MYERS BEACH, FL 33931

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALLARDT, JOSEPH E JR<br>211 S. WALNUT ST.<br>MUNCIE, IN 47306 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALLARDT, BRIAN<br>211 SOUTH WALNUT STREET<br>MUNCIE, IN 47305 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RIGBY, BARRY<br>9020 ROLLING HILLS DRIVE<br>HOLLAND, OH 43528 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |

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01/20/04-80092-002 55.00

**DO NOT WRITE  
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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:** JOSEPH E JR ALLARDT 1/14/04 765-258-8493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #