

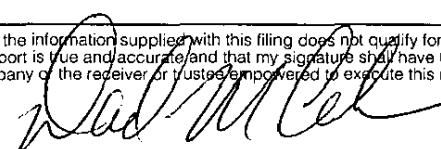


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90072 013 ****50.00

DOCUMENT # M96000000257 1. Entity Name PREMIER TERMITE AND PEST CONTROL, L.L.C.					
Principal Place of Business 8123 NAVARRE PKWY NAVARRE, FL 32566				Mailing Address 8544 NAVARRE PARKWAY NAVARRE, FL 32566	
2. Principal Place of Business 5189 Gulf Breeze Pkwy Suite, Apt. #, etc.		3. Mailing Address 9035 Bluebonnet Blvd Suite, Apt. #, etc. Suite 3			
City & State Gulf Breeze, Florida		City & State Baton Rouge, LA.		4. FEI Number 72-1327702	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, ED 8123 NAVARRE PKWY NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5189 Gulf Breeze Pkwy. City Gulf Breeze FL Zip Code 32563			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COHN, DAVID M 6328 QUINN DR. BARTON ROUGE, LA 70817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9035 Bluebonnet Blvd. Suite 3 Baton Rouge, LA.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COHN, MIKE 9035 BLUEBONNET BLVD., SUITE 3 BATON ROUGE, LA 70810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4720 Jones Creek Rd. Baton Rouge, LA. 70817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			David M. Cohn		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 1-17-04		
			Daytime Phone # 225 769 0858		