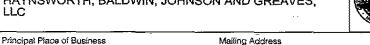
2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M97000000471

1. Entity Name

HAYNSWORTH, BALDWIN, JOHNSON AND GREAVES,



DO NOT WRITE IN THIS SPACE

918 SOUTH PLEASANTBURG DRIVE

GREENVILLE, SC 29607

SIGNATURE: 🗹

Mailing Address

918 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29607

FILED May 05, 2004 08:00 AM Secretary of State



04282004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number
	58-2284831

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

e	Mama		Addison of	· Arrenana	Registered	A
٠.	1491110	anu	WARDIESS OF	Chitchi	negisieieu	AUCSI

PETERSON, GRANT D 600 NORTH WESTSHORE BLVD., SUITE 200 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce	Þŧ
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable		
	Signature, types or printed that he or registered agent and due it approache	(NOTE: Registered Agent signature required when reinstable) DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2004	U00000157169 05/06/04-80016-003 50.00	
9.	MANAGING MEMBERS/MANAGERS		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL, HOWARD J 918 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'CLECTION TO LOOK		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
nite Name Street Address Chy-St-Zip		IN THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not of on this report is true and accurate and that my signature sha billity company or the receiver or trustee empowered to exec	uality for the exemption stated in Section 119.07(3)(f). Florida Statutes Truther certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.	i

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR ALITHORIZED REPRESENTATIVE