## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SIGNATUR

## **ANNUAL REPORT** Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # M98000000181 DEWAR GENERAL, L.L.C. Principal Place of Business Mailing Address 2409 BEMISS ROAD 2409 BEMISS ROAD VALDOSTA, GA 31604 VALDOSTA, GA 31604 01202004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2237438 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 9, MANAGING MEMBERS/MANAGERS MGRM AGG 4 DEWAR, JAMES L JR. NAME U00000016131 STREET ADDRESS 2409 BEMISS ROAD 01/28/04-80042-010 55.00 CATY - ST - ZIP VALDOSTA, GA 31604.2 NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BIRLE NAME STREET ADDRESS CETY-SE-ZEP me NAME STREET ADDRESS

11. Thereby 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 it made under path, that I am a managing member or manager of the limited liability company or the seceiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

J.L. Dewar,

**FILED**