## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am

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DOCUMENT # M9900000517  1. Entity Name ' SOUTH ATLANTIC FIRESTOP SUPPLY, LLC						00067 008 ****50.0		
SOUTH	TLANTIC FIRESTOP SUP	PLY, LLC						
29342-11			COD WE	THE ST				
,	e of Business	Mailing Address				اهي الله الله الله الله الله الله الله ا	4 e - 4 e -	
807 AVON R WEST PALM	D. BEACH, FL 33401	P.O. BOX 1656 WEST PALM BEACH, FL	33402					
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2. Principal Place of Business 28 Thursday 7.0. Box 25			9740-	7				
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		04022004		CR2E083 (10/03)		
TOCH L	auderdale, FL	Dembroke	- tines, I	FL 4. FEI Num 22-36	<sub>ber</sub> 44550	<del></del>	ied For Applicable	
Zip 3	09 Country USA	33029	Country	5. Certifica	te of Status Desired	\$5.00 Addition	onal	
	6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New R	egistered Agent		
CLAVDON	LODEO		Name	John P	OSATIO			
SLAYDON, GREG 807 AVON RD.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
WEST PAI	LM BEACH, FL 33401		280	2801 SW 195Th Tegrace				
		~		liramar	<u> </u>	FL Zip Code	29	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or t	oth, in the State of Flo			
	nons opregistered agent.	eis-				4/15	1.5	
L SIGNATURE		~~~				1/20	107	
SIGNATURE	Significate, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	re required when reinstating)		DATE /	/ U 7	
1 52 % (11 12 12 12 12 12 12 12 12 12 12 12 12 1	ing Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NOTE: f	Registered Agent signatur	re required when reinstating)		DATE  c check payable to Department of State	707	
1 52 % (11 12 12 12 12 12 12 12 12 12 12 12 12 1	iring Fee is \$50.00		Registered Agent signatur	re required when reinstating)		e check payable to Department of State	707	
9.	MANAGING MEMBI		4 10. TITLE	MGRM	Florida ADDITIONS/	e check payable to Department of State	<b>Z</b> ✓ ✓	
9. TITLE NAME	MANAGING MEMBI	ERS/MANAGERS	10. TITLE NAME	MGRM John Ro	ADDITIONS/	e check payable to Department of State CHANGES  Change		
9.	MANAGING MEMBI MGRM SLAYDON, GREG 807 AVON RD.	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS	MGRM John 120 2801 SW	ADDITIONS/	e check payable to Department of State  CHANGES  Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Pc 2801 SW Miramak	ADDITIONS/	c check payable to Department of State  CHANGES  Change	<b>□</b> Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM SLAYDON, GREG 807 AVON RD.	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Pc 2801 SW Miramak	ADDITIONS/	c check payable to Department of State  CHANGES  Change	<b>□</b> Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM SLAYDON, GREG 807 AVON RD.	ERS/MANAGERS Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	MGRM John Ro J801 SW Miramak MGRM RUSSEII 1	ADDITIONS/ DSAFID 1957 TERM , FL 33  Mantione Way Suite 2	check payable to Department of State  CHANGES  Change  Change  Change  Change  Change  Change  Change	<b>□</b> Addition	
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11. I hereby certify that the information supplied with this filling 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. 908526-

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #