


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-26-2004 90200 018 ****55.00

DOCUMENT # L01000011722	
1. Entity Name J & M ENTERPRISES, LLC	

Principal Place of Business 721 SW 13 AVE #2 FT. LAUDERDALE FL 33312 US	Mailing Address 721 SW 13 AVE #2 FT. LAUDERDALE FL 33312 US
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2. Principal Place of Business 340 DELAWARE AVE	3. Mailing Address 340 DELAWARE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort LAUDERDALE FL	City & State Fort LAUDERDALE FL
Zip 33312	Zip 33312
Country	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent RIUTTANEN, JOHN S 721 SW 13 AVE #2 FT. LAUDERDALE FL 33312	
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name RIUTTANEN, JOHN S	
Street Address (P.O. Box Number is Not Acceptable) 340 DELAWARE AVE.	
City Fort LAUDERDALE	Zip Code FL 33312

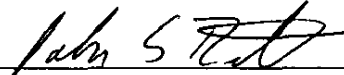
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIUTTANEN, JOHN S 721 SW 13 AVE, #2 FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIUTTANEN, JOHN S 340 DELAWARE AVE. Fort LAUDERDALE FL 33312 <input checked="" 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
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **JOHN S. RIUTTANEN** **2/20/04** **954-328-6074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #