

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# L01000015466

Entity Name: JJ ENTERPRISES, LLC

**Current Principal Place of Business:**

249 BEENEY RD SE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

249 BEENEY RD SE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNS, DONNA  
249 BEENEY RD SE  
PORT CHARLOTTE, FL 33952

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR                      ( ) Delete  
Name: DONNA, JOHNS  
Address: 249 BEENEY RD SE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR                      ( ) Delete  
Name: JOHN, JOHNS F  
Address: 249 BEENEY RD SE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 JOHNS

MGR

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date