


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90021 008 ****50.00

DOCUMENT # L02000017047

1. Entity Name
JMJ BUILDERS, L.L.C.



Principal Place of Business
**2100 TRADE CENTER WAY, STE D
 NAPLES, FL 34109**

Mailing Address
**1827 TRADE CENTER WAY, SUITE 3
 NAPLES, FL 34109**

24052360

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
2100 TRADE CENTER WAY
SUITE D
 City & State
NAPLES, FL
 Zip
34109

Country
US



04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1575452

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**SKRIVAN, KENT A
 C/O BUTZEL LONG
 801 LAUREL OAK DRIVE, SUITE 705
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JMJ DEVELOPERS, INC. 2100 TRADE CENTER WAY, STE D NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Donna Musumano, Managing Member 4/20/04 (237) 594-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #