


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034517
 1. Entity Name
 THE PERKINS HOUSE, LLC



Principal Place of Business Mailing Address
 118 NORTH GADSDEN STREET 118 NORTH GADSDEN STREET
 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



05192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 81-0594175 Not Applicable

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

5. Name and Address of Current Registered Agent
 MOYLE, JON C JR.
 118 NORTH GADSDEN STREET
 TALLAHASSEE, FL 32301

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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.

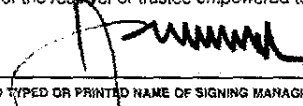
SIGNATURE _____ (NOTE, Registered Agent signature required when reinstating)
 Filing Fee is \$50.00 Due by September 8, 2004
 DATE: 05/20/04-80002-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOYLE, JON C JR.
STREET ADDRESS	118 NORTH GADSDEN STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGR
NAME	JCM MANAGEMENT LLC
STREET ADDRESS	118 N. GADSDEN ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  5-19-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #