2004 LIMITED LIABILITY COMPANY

FILED

ANNUAL REPORT				- mag 20, 2004 08:00
DOCU	MENT# L02000	034517		Secretary of State
THE PERKINS HOUSE, LLC				
INEPER	KINS HOUSE, LLC			
		- the comment of the contraction		
Principal Plac		Mailing Address		
	GADSDEN STREET E, FL 32301	118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301		
				1 (#\$\$)) may \$10 may 18 1, 100 (* \$\$\$) (* \$\$\$) (* \$\$\$) (* \$\$\$) (* \$\$\$) (* \$\$\$) (* \$\$\$)
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	A NOT WO	TE IN THIS ODA	^ -	05192004 No Chg-LLC CR2E083 (10/03)
L	DO NOT WHI	TE IN THIS SPA	JE	4. FEI Number Applied For
				81-0594175 Not Applicable Scarifficate of Status Desired \$5.00 Additional
				5. Certificate of Status Desired
	5. Name and Address of Co	urrent Registered Agent		
MOYLE, JON C JR.				DO NOT WRITE
118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301				
Them model, it door				IN THIS SPACE
		ment for the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am famillar with, and accept
the obligat	tions of registered agent.		_	The state of the s
SIGNATURE.	Signature, typed or printed name of registers	ed agent and title if applicable. [NOTE Begistere	Agent signature required	when reinstaling) DATE
	V	·		00000151025 05/20/04-80002-014 50.00
Filing Fee is \$50.00 Due by September 8, 2004				03/20/04-00002-014 30.00
9.	MANAGING N	MEMBERS/MANAGERS	<u> </u>	(₁₎ = 7
TITLE	MGR			
NAME	MOYLE, JON C JR.			
STREET ACCRESS CITY-ST-ZIP	118 NORTH GADSDEN ST TALLAHASSEE, FL 32301			
TITLE	MGR			
NAME	JCM MANAGEMENT LLC			
STREET ADDRESS CITY-ST-ZIP	118 N. GADSDEN ST. TALLAHASSEE, FL 32301			
TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE		<u>*</u> <u>`</u>	•	IN THIS SPACE
NAME				IN ITIO SPACE
STREET ADDRESS CRTY-ST-ZIP				
THILE		A service of the serv		
NAME				
STREET ADDRESS				

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 flability company or the requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGER CHEMBER, OR AUTHORIZED REPRESENTATIVE

-19-04 Date

Daylima Phone #