

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001724

Entity Name: JENNER HOLDINGS, LLC

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

1233 SNELL ISLE BLVD.
ST PETERSBURG, FL 33704

New Principal Place of Business:

1233 SNELL ISLE BLVD. NE
ST PETERSBURG, FL 33704

Current Mailing Address:

1233 SNELL ISLE BLVD.
ST PETERSBURG, FL 33704

New Mailing Address:

1233 SNELL ISLE BLVD. NE
ST PETERSBURG, FL 33704

FEI Number: 41-2107207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENNER, GEORDIE W
1233 SNELL ISLE BLVD.
ST PETERSBURG, FL 33704

Name and Address of New Registered Agent:

JENNER, GEORDIE W
1233 SNELL ISLE BLVD. NE
ST PETERSBURG, FL 33704

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:

01/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JENNER, GEORDIE W P,S,T
Address: 1233 SNELL ISLE BLVD. NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Change (X) Addition
Name: JENNER, CHERI VP
Address: 1233 SNELL ISLE BLVD. NE
City-St-Zip: ST. PETERSBURG, FL 33704

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: GEORDIE W. JENNER

PRES

01/06/2004

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