


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90092 012 \*\*\*\*\*55.00

<b>DOCUMENT # L03000040927</b>			
<b>1. Entity Name</b> JAVORA SERVICES LLC			
<b>Principal Place of Business</b> 1600 GOVERNORS DRIVE STE #1122 PENSACOLA, FL 32514		<b>Mailing Address</b> 1600 GOVERNORS DRIVE STE #1122 PENSACOLA, FL 32514	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44001665



01062004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 20-0249563	Applied For Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BONGIOVANNI, CHERYL 3291 HWY 98 E DESTIN, FL 32541		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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIOVANNI, CHERYL	NAME	
STREET ADDRESS	3291 HWY 98 E	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIOVANNI, KEVIN	NAME	
STREET ADDRESS	3291 HWY 98 E	STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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** *BY: Cheryl Bongiovanni, MEMBER* **DATE** *1/12/04* **DAYTIME PHONE #** *850-240-7159*

*JAVORA Services, LLC*