


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90183 012 \*\*\*\*50.00

**DOCUMENT # L03000048700**

1. Entity Name  
**J.CO. LLC**



Principal Place of Business      Mailing Address

**1713 PARK MEADOWS DR. #1**      **1713 PARK MEADOWS DR. #1**  
**FORT MYERS, FL 33907 US**      **FORT MYERS, FL 33907 US**

24024033

2. Principal Place of Business      3. Mailing Address

**1713 PARK MEADOWS DR. #1**      **1713 PARK MEADOWS DR. #1**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State

**FORT MYERS, FL**      **FT. MYERS, FL**  
 Zip      Country      Zip      Country

**33907 U.S.A.**      **33907 U.S.A.**

02092004      Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For

**35-2225045**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**COLLINS, JOLEEN**  
**1713 PARK MEADOWS DR. #1**  
**FORT MYERS, FL 33907**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>COLLINS, JOLEEN</b> <b>1713 PARK MEADOWS DRIVE</b> <b>FORT MYERS, FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *Joleen Collins*      **JOLEEN COLLINS**      **3-10-04**      **239-939-2596**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #