2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MAN

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # L0100008367 1. Entity Name J&S MANAGEMENT DISTRIBUTORS, LLC				Secretary of State
Principal Place of Business Mailing Address 558 MATTERHORN ROAD JACKSONVILLE, FL 32216 S58 MATTERHORN ROAD JACKSONVILLE, FL 32216				
DO NOT WRITE IN THIS SPA			04282005 No Chg-LLC	
				59-3719977 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KEASLER JR, FRANK R 4309 PABLO OAKS COURT, STE 5 JACKSONVILLE, FL 32224			DO NOT WRITE IN THIS SPACE	
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 bits if applicable (NOTE Registered Agent signature required when refinalating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM JONES, RICHARD A 558 MATTERHORN RD JACKSONVILLE, FL	IS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM SURBER, LARRY J 4280 PACKARD DR. JACKSONVILLE, FL			U00000343435 04/29/05-80093-021 50.00
TITLE NAME STREET ADDRESS CRY ST ZIP		· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE
NAME STREET ADDRESS CITY-ST ZIP			ور موات المدار ا	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST ZIP				
indicated	centry that the information supplied with t Lon this report is true and accurate and t	hat my signature shall have the sam	e legal effect as if n	action 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the

RICHARD A. JONES