2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90115 002 ****55.00

DOCUMENT # L00000001618

1. Entity Name
JEFF MCCARTNEY, LLC

Principal Place of Business	Mailing Address
213 PLANTATION CIRCLE S PONTE VEDRA BEACH FL 32082	P.O BOX 3419 PONTE VEDRA BEACH FL 32004

24062745

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
1655 The Greens Way	
Suite, Apt. #, etc.: Apt # 2511	Suite, Apt. #, etc.
City & State: Jacksonville Beach	City & State
Zip: 32250 Country: Duval	Zip / Country

4. FEI Number: 06-1486468 ☐ Applied For ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUKE, THOMAS J 213 PLANTATION CIRCLE S PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Duke, Thomas J. 1655 The Greens Way Apt 2511 Jacksonville Beach, FL, 32250	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUKE, TERESA 213 PLANTATION CIRCLE S PONTE VEDRA FL 32082	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Thomas J. Duke, Owner / Manager 4/30/04 904-280-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #