

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002187					
1. Entity Name JAWORSKI MANAGEMENT, LLC					
Principal Place of Business 3632 MANOR DRIVE HIGHLAND IN 46322			Mailing Address 3632 MANOR DRIVE HIGHLAND IN 46322		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2102902	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, DAVID J ACTON MANAGMENT SERVICES 5738 MISSOURI AVENUE NEW PORT RICHEY FL 34652				7. Name and Address of New Registered Agent 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 _____					
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 JAWORSKI, HENRY E 3632 MANOR DRIVE HIGHLAND IN 46322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000050242 02/16/04-80002-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAWORSKI, SHIRLEY M 3632 MANOR DRIVE HIGHLAND IN 46322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	



MOORE CR2E083 (11/03)

SIGNATURE: Henry E Jaworski / HENRY E. JAWORSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

February 9, 2004

Date

219-924-5876

Daytime Phone #

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.