

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005233

FILED
Apr 20, 2004
Secretary of State

Entity Name: LJHB PARTNERS, LC

Current Principal Place of Business:

824 S. BRIDGESTONE AVENUE
SUITE 2
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

824 S. BRIDGESTONE AVENUE
SUITE 2
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3639858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN-BROWN, LAURA JEAN
824 S. BRIDGESTONE AVENUE
SUITE 2
JACKSONVILLE, FL 32259

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: HANSEN-BROWN, LAURA JEAN
Address: 824 S BRIDGETSTONE AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: BROWN, CHRISTOPHER J
Address: 824 S BRIDGETSTONE AVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANSEN-BROWN, LAURA JEAN
Address: 824 S BRIDGETSTONE AVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Change () Addition
Name: BROWN, CHRISTOPHER J
Address: 824 S BRIDGETSTONE AVE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAURA JEAN HANSEN-BROWN

MGR

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date