


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006963 1. Entity Name JTJ, LLC	
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Principal Place of Business 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108	Mailing Address 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TUCHMAN, JACOB 5813 GLEN COVE DR., #1103 NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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** _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000161131
05/21/04-80001-001 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUCHMAN, JACOB 5813 GLEN COVE DR SUITE 1103 NAPLES, FL 34108
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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)(f), 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: Jacob Tuchman **05/18/04** **(239) 598-5373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #