


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007206 1. Entity Name J R RECORDS, LLC	
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Principal Place of Business 195 WEKIVA SPRINGS ROAD, SUITE 100 LONGWOOD, FL 32779	Mailing Address 195 WEKIVA SPRINGS ROAD, SUITE 100 LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3652349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEFALCO, JAMES G 195 WEKIVA SPRINGS RD., SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMSEY, RUFUS 195 WEKIVA SPRINGS RD., SUITE 100 LONGWOOD, FL 32779
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05/06/04-80032-007 50.00

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IN THIS SPACE**

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:  **4/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #