

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90028 037 \*\*\*\*50.00

<b>DOCUMENT # L00000007350</b>					
<b>1. Entity Name</b> J.L.H. ASSOCIATES, L.L.C.					
<b>Principal Place of Business</b> 3020 MATECUMBE KAY RD APT 602 PUNTA GORDA, FL 33955			<b>Mailing Address</b> 3020 MATECUMBE KAY RD APT 602 PUNTA GORDA, FL 33955		
<b>2. Principal Place of Business</b> 3020 Matecumbe Key Rd Suite, Apt. #, etc. Apt 602		<b>3. Mailing Address</b> same			
<b>City &amp; State</b> Punta Gorda FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1022856	
<b>Zip</b> 33455		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOYLE, CHARLES T 2315 AARON STREET PORT CHARLOTTE, FL 33949			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> <u>Jacquelyn L Hill</u> <u>JACQUELYN L HILL</u> <u>4/15/04</u> <u>DATE</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> HILL, DAVID B 3020-602 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> HILL, JACQUELYN L 3020-602 MATECUMBE KEY ROAD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jacquelyn L Hill</u> <u>JACQUELYN L HILL</u> <u>4/15/2004</u> <u>941-575-4832</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					