

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010965

Entity Name: J.O.T., L.L.C.

FILED
Feb 13, 2004
Secretary of State

Current Principal Place of Business:

1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3676328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTOCK, JAMES J
1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025 US

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: LESTOCK, JAMES J
Address: 1644 SW SAINT JAMES CT.
City-St-Zip: LAKE CITY, FL 32025

Title: MGR () Delete
Name: BAYNARD, OWEN F
Address: PO BOX 1535
City-St-Zip: CHIEFLAND, FL 32626

Title: MGR () Delete
Name: HARRINGTON, THOMAS D
Address: PO BOX 1341
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LESTOCK, JAMES J
Address: 1644 SW SAINT JAMES CT.
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES J. LESTOCK

MGRM

02/13/2004

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