

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000011497

**1. Entity Name
JAMIE HOLDING COMPANY, LLC**



**Principal Place of Business
148 MARCDALE BLVD.
INDIAN ROCKS BEACH, FL 33785**

**Mailing Address
148 MARCDALE BLVD.
INDIAN ROCKS BEACH, FL 33785**



03082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3587193**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEZDEY, NOREEN
148 MARCDALE BLVD
INDIAN ROCKS BEACH, FL 33785**

**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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEZDEY, JARETT
148 MARCDALE BLVD.
INDIAN ROCKS BEACH, FL 33785**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEZDEY, JOHN
731 QUAIL KEEP DRIVE
SAFETY HARBOR, FL 346954411**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEZDEY, NOREEN
731 QUAIL KEEP DRIVE
SAFETY HARBOR DRIVE, FL 346954411**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEZDEY, DARREN
148 MARCDALE BLVD.
INDIAN ROCKS BEACH, FL 33785**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000131651
04/27/04-80015-002 50.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/04

Date

727-539-0633

Daytime Phone #