

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000000692
 1. Entity Name
 EJ FLORIDA PROPERTY MANAGEMENT, LLC



Principal Place of Business: C/O FOWLER, WHITE, 501 E. KENNEDY BLVD., STE. 1700, TAMPA, FL 33602
 Mailing Address: 11401 ROOSEVELT BLVD., PHILADELPHIA, PA 19154



02172004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3691347 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUMPHRIES, J. BOB
 501 E. KENNEDY BLVD., STE. 1700
 TAMPA, FL 33602

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 U000000078330 03/08/04-80021-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	REILLY, JOHN H III
STREET ADDRESS	11401 ROOSEVELT BLVD.
CITY - ST - ZIP	PHILADELPHIA, PA 19154
TITLE	ST
NAME	REILLY, ELIZABETH
STREET ADDRESS	11401 ROOSEVELT BLVD.
CITY - ST - ZIP	PHILADELPHIA, PA 19154
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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: [Signature] TAX MGR Date: 3-3-04 (215) 603-8209 Daytime Phone #