

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000001509

1. Entity Name

JC LAND GROUP, L.L.C.



Principal Place of Business

2655 MCCORMICK DRIVE, SUITE 200  
CLEARWATER, FL 33759

Mailing Address

2655 MCCORMICK DRIVE, SUITE 200  
CLEARWATER, FL 33759

FILED

2004 MAR 16 PM 4:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01082004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

59-3707191

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEW, JOEL R  
2655 MCCORMICK DRIVE, SUITE 200  
CLEARWATER, FL 33759

**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	MGRM
NAME	IRICK, ANDREW G II
STREET ADDRESS	3072 HAMPTON COURT
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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03/16/04--01089--008 \*\*325.00

**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)(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:

*Managing Member*

02 19 04

7274394447

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

Date

Daytime Phone #