2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004128

Entity Name
 C.J.T. HOLDINGS, LLC

Principal Place of Business

1 NE 1ST AVE. SUITE 303 OCALA, FL 34470 Mailing Address

1 NE 1ST AVE. SUITE 303 OCALA, FL 34470

FILED

Feb 16, 2004 08:00 AM

Secretary of State

DO NOT WRITE IN THIS SPACE

02122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3706665

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TROW, CHESTER J 1 NE 1ST AVE. SUITE 303 OCALA, FL 34470

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	ove named entity submits this statement for the purpose of ch igations of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am tamiliar with, and accep
SIGNATU	BE		
	Signature, typed or printed name of registered agent and title it applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2004		U00000054038 02/16/04_80155-015 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

TROW, CHESTER J STREET ADDRESS 1 NE 1ST AVE, SUITE 303 CITY - ST - ZIP OCALA, FL 34470 HILE NAME STREET ADDRESS CRY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 7171 E STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSSY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 expowered 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

2/12/04

3*523698*830

____ Daytime Phone #