


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State


03-09-2004 90293 039 ****55.00

DOCUMENT # L01000007582	
1. Entity Name SUN JUMP GROUP, LLC	

Principal Place of Business 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417	Mailing Address 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417
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2. Principal Place of Business 1801 Spruce Ave	3. Mailing Address 1211 Haverhill Rd N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WPB FL	City & State WPB FL
Zip 33407	Country P.B
Zip 33417	Country PB

	
MOORE	CR2E083 (11/03)
4. FEI Number 65-1110851	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent GIRARDIN, SANDRA J 1211 HAVERHILL ROAD NORTH WEST PALM BEACH FL 33417	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2004	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARDIN, SANDRA J MGRM 1211 HAVERHILL RD. N. WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sandra J Girardin 3/2/04 684-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #