

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008548

1. Entity Name
J.E.N., L.L.C.



Principal Place of Business

16097 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446

Mailing Address

16097 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446



05052004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1115386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S
2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES, FL 33134

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEES, JOHN EDWARD
16097 BRISTOL POINTE DRIVE
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000162108
06/04/04-80001-017 50.00

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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: JOHN EDWARD NEES

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

06/03/04 7561-306-061

Date

Daytime Phone #