


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90218 043 ****50.00

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| DOCUMENT # L01000009437 |  |
| 1. Entity Name TEE & J'S ENTERPRISES, L.L.C. | |

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|---|---|
| Principal Place of Business 4525 BAYWALK CIRCLE PENSACOLA FL 32514 | Mailing Address PO BOX 11278 PENSACOLA FL 32524-1278 |
|---|---|

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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E083 (11/03)

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|------------------------------------|---|
| 4. FEI Number 59-3722479 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LAIRD, JONATHAN W 4525 BAYWALK CIRCLE PENSACOLA FL 32514 |
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| 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 Jonathan W. Laird DATE 3/30/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 LAIRD, JONATHAN W 4525 BAYWALK CIRCLE PENSACOLA FL 32514 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAIRD, TRUDY D 4525 BAYWALK CIRCLE PENSACOLA FL 32514 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: Jonathan W. Laird DATE 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE