

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90002 045 \*\*\*\*50.00

**DOCUMENT # L01000009574**

1. Entity Name  
**JL COLEMAN, LLC**



Principal Place of Business  
**5811 PELICAN BAY BLVD., SUITE 208**  
**NAPLES, FL 34108**

Mailing Address  
**5811 PELICAN BAY BLVD., SUITE 208**  
**NAPLES, FL 34108**

**24071556**



2. Principal Place of Business  
**5679 Naples Blvd.**  
 Suite, Apt. #, etc.  
**Naples, FL 34109**  
 City & State

3. Mailing Address  
**5679 Naples Blvd.**  
 Suite, Apt. #, etc.  
**Naples Fl 34109**  
 City & State

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1114891**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLEMAN, STEPHEN D**  
**5811 PELICAN BAY BLVD., SUITE 208**  
**NAPLES, FL 34108**

**7. Name and Address of New Registered Agent**

Name  
**Stephen D. Coleman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5679 Naples Blvd.**  
 City  
**Naples** **FL** Zip Code  
**34109**

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**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**COLEMAN, JULIE L**  
**161 TUPELO ROAD**  
**NAPLES, FL 34108** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:**

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

**Stephen D. Coleman**

**3/4/04**

Date

Daytime Phone #