


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000012129</b> 1. Entity Name JJDAMINETH LLC	
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Principal Place of Business 65 HAMILTON ST. AMITYVILLE, NY 11701	Mailing Address 65 HAMILTON ST. AMITYVILLE, NY 11701
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**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 80-0007215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MURPHY, NEIL 10207 TREVOR CREEK DR E JACKSONVILLE, FL 32257
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by May 1, 2005**

U00000218849

02/08/05-80004-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, THERESA 65 HAMILTON ST AMITYVILLE, NY 11701
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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:** Theresa Murphy **THERESA MURPHY** Feb 1 2005 631 691 5635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #