

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012213
 1. Entity Name
JAR PROPERTIES OF LONGWOOD, L.L.C.



Principal Place of Business 1441 COUNTY ROAD 427 LONGWOOD, FL 32750	Mailing Address 1441 COUNTY ROAD 427 LONGWOOD, FL 32750
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04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ALPER, JONATHAN B ESQ.
274 KIPLING COURT
HEATHROW, FL 32748

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUEHLER, AL 1445 CR 427 N LONGWOOD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELESZ, JAMES 612 CHATAS CT LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERDUE, ROSS 128 SHOMATE DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Albert Buehler ALBERT BUEHLER 4/29/04 407-714-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #