2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/24/2004-90046-035-$50.00-$50.00

FILED
04 NOV -1 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012827

1. Entity Name

~~J&J, LLC.~~

Principal Place of Business	Mailing Address
528 WEST GARDEN STREET, STE #4 PENSACOLA FL 32501	528 WEST GARDEN STREET, STE #4 PENSACOLA FL 32501

MOORE CR2E083 (4/04)

2. Principal Place of Business		3. Mailing Address	
22826 Highway 59			
Suite, Apt. #, etc. Robertsdale, AL 36567		Suite, Apt. #, etc.	
City & State		City & State	
Zip 36567	Country Baldwin	Zip	Country

4. FEI Number 59-3727342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARNELL, JONATHAN 1936 CANDLEWOOD DRIVE NAVARRE FL 32566	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 ______ 8-5-04

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARNELL, JONATHAN		NAME		
STREET ADDRESS	528 W GARDEN STREET, SUITE #4		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALHOUN, JEFF		NAME		
STREET ADDRESS	528 W GARDEN STREET, SUITE #4		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______ 10/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #