

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013679

1. Entity Name
JOURNEY MANAGEMENT SERVICES, LLC



Principal Place of Business
**28102 N.W. 174TH AVENUE
HIGH SPRINGS, FL 32643**

Mailing Address
**28102 N.W. 174TH AVENUE
HIGH SPRINGS, FL 32643**



04142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3738481

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUENINK, JON C
28102 NW 174TH AVE
HIGH SPRINGS, FL 32643**

**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

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**

000000141479
04/30/04-80013-001 55.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HUENINK, JON C
STREET ADDRESS	28102 N.W. 174TH AVENUE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	MGRM
NAME	WALLACE, SHERI A
STREET ADDRESS	28102 N.W 174TH AVENUE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sheri A. Wallace **SHERI A. WALLACE, MGRM 4/15/04 386-454-9823**

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

Date

Daytime Phone #