2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Jul 07, 2004 08:00 AM **DOCUMENT # L01000015123** Secretary of State 1. Entity Name J.E.M. TEK, L.L.C. Principal Place of Business Mailing Address 8790 NW 111TH LANE 8790 NW 111TH LANE CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 07012004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3743513 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCCATHRIN, JOHN E DO NOT WRITE 8790 NW 111TH LANE CHIEFLAND, FL 32828 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 event and this it applicable. (NOTE: Registered Agent signeture required when rehistering) Filing Fee is \$50.00 Due by September 8, 2004 n0000012410a MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME MCCATHRIN, JOHN E 8790 NW 111TH LANE STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32826 TITLE MGR MCCATHRIN, JANET E NAME STREET ADDRESS 8790 NW 111TH LANE CITY-ST-ZIP CHIEFLAND, FL 32626 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 it made under oath; that I am a managing member or manager of the similar liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6/30/04

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