

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90224 003 \*\*\*\*50.00

**DOCUMENT # L01000016665**

1. Entity Name  
**SMJ VENTURES, LLC**



Principal Place of Business  
**1318 NORTH MILLS AVE.  
ORLANDO, FL 32803**

Mailing Address  
**1318 NORTH MILLS AVE..  
ORLANDO, FL 32803"**

**DO NOT WRITE IN THIS SPACE**



24019072

03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3750882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JAFFE, STEPHEN  
1318 NORTH MILLS AVE.  
ORLANDO, FL 32803**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
JAFFE, STEPHEN  
1318 N. MILLS AVE.  
ORLANDO, FL 32803**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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:**

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

3/8/04

Date

407-843-9660

Daytime Phone #