


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017422
1. Entity Name
J & R SAILBOAT, L.L.C.



Principal Place of Business
4471 ROGERS PLACE
MELBOURNE, FL 32904

Mailing Address
4471 ROGERS PLACE
MELBOURNE, FL 32904



01302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749881	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
OHLHEISER, JON
4471 ROGERS PLACE
MELBOURNE, FL 32904

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

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

000000096432
03/25/04-80029-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OHLHEISER, JON 4471 ROGERS PL MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OHLHEISER, H. RUSSELL 90 ROBIN RD WINDSOR, CT 06095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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: *H. Russell Ohlheiser* **3/23/04** **(321) 768-0915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #