

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018337

Entity Name: Z JAY'S, LLC

FILED  
Jul 06, 2004  
Secretary of State

## Current Principal Place of Business:

15841 PINES BLVD  
SUITE 206  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

15841 PINES BLVD  
SUITE 206  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

15841 PINES BLVD  
PMB 206  
PEMBROKE PINES, FL 330271220 US

## New Mailing Address:

15841 PINES BLVD  
PMB 206  
PEMBROKE PINES, FL 330271220 US

FEI Number: 65-1145864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, ZARICK MGR  
1551 SW 194TH AVE  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

JACKSON, ZARICK MGR  
15841 PINES BLVD  
PMB 206  
PEMBROKE PINES, FL 330271220 US

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.

SIGNATURE: ZARICK JACKSON

07/06/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: JACKSON, ZARICK  
Address: 1551 S.W 194TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JACKSON, ZARICK  
Address: 15841 PINES BLVD PMB 206  
City-St-Zip: PEMBROKE PINES, FL 330271202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ZARICK JACKSON

MGR

07/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date