## J4 LIMITED LIABILITY COMPANY ANNUAL REPORT

## JCUMENT # L01000019709

r. Entity Name FIREHOUSE-FIVE LLC



Principal Place of Business

Mailing Address

3410 KORI RD

JACKSONVILLE, FL 32257 US

3410 KORI RD

JACKSONVILLE, FL 32257

US

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90149 004 \*\*\*\*50.00

44U04447



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3760630

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

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SORENSEN, CHRIS R 3410 KORI RD JACKSONVILLE, FL 32257

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.

6. Name and Address of Current Registered Agent

(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	MGRM JOOST, STEPHEN 3410 KORI RD JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORENSEN, CHRIS 3410 KORI RD JACKSONVILLE, FL 32257	
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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: Manua

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

4/23/04 Date

Daytime Phone #