


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State


03-25-2004 90213 014 ****50.00

DOCUMENT # L02000000478 1. Entity Name LAKE JOVITA PROPERTY MANAGEMENT, LLC	
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Principal Place of Business 12900 LAKE JOVITA BLVD. DADE CITY, FL 33525	Mailing Address 12900 LAKE JOVITA BLVD. DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE

24028564



02122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0536264	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

BROCK, P. HUTCHISON II
37837 MERIDIAN AVE., SUITE 314
DADE CITY, FL 33525

**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

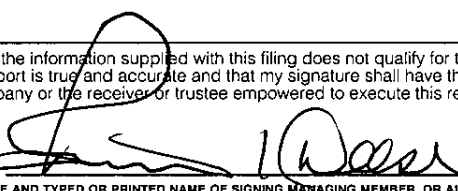
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEESE, RONNIE 12900 LAKE JOVITA BLVD. DADE CITY, FL 33525
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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:  **3/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #