


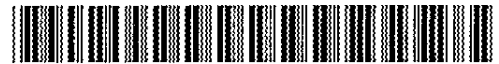
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L02000000711<br>1. Entity Name<br>J AND M PROPERTIES, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>7886 4TH AVENUE SOUTH<br>ST. PETERSBURG, FL 33707 | Mailing Address<br>7886 4TH AVENUE SOUTH<br>ST. PETERSBURG, FL 33707 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



|   |  |
|---|--|
| 02162004 No Chg-LLC                                       | CR2E083 (10/03)                          |
| 4. FEI Number<br>65-6303892                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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

BADER, CYNTHIA A  
 7886 4TH AVENUE SOUTH  
 ST. PETERSBURG, FL 33707

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B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

UN0000083723  
 03/10/04-80050-021 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BADER, CYNTHIA A<br>7886 4TH AVENUE SOUTH<br>ST. PETERSBURG, FL 33707 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: Cynthia A Bader MGRM 3-8-04 727-343-0422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #