2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000002159

## **FILED** Apr 26, 2004 8:00 am Secretary of State

. Emily Name						04-09-2004 9	0213 006 ***	**50.00
J & J OF SAFETY HARBOR, L.L.C.								
Principal Place of Business			Mailing Address			جيا [		
'			839 MAIN ST.			l (	2400	avva
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 346				4695			3400	4664 9 (11) 10) 11) 11) 11)
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2. Principal Place of Business			s. Walling Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE C	FIZE083 (11/03	
City & State			City & State			4. FEI Number AP-PLIED FO	D	Applied For Not Applicable
Zip Country			Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
. Name						_		
BEHM, VICTORIA P					Street Address (P.O. Box Number is Not Acceptable)			
405 SECOND STREET SOUTH, STE. C SAFETY HARBOR FL 34695								
OATE THAIBOUTE STOOS								
					City		FL Zip C	ode
	named entity :		r the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Floric	ia. I am familiar w	ith, and accept
SIGNATURE								
SIGNATURE Signature, typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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9.		MANAGING MEMBE	STATE OF THE PARTY	10.	· 在一个时间,其一个时间,	ADDITIONS/C	HANGES	
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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 cath; 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.

CMY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG