

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 038 ****50.00

DOCUMENT # L02000002367 1. Entity Name FJV PARTNERS, LLC					
Principal Place of Business 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946			Mailing Address 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0039330	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946				7. Name and Address of New Registered Agent Name RICHARD M. CARNELL JR Street Address (P.O. Box Number is Not Acceptable) 1900 OLD DIXIE HIGHWAY City FORT PIERCE FL Zip Code 34946	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EGAN, BERNARD A 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS REED, GLEN W 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EGAN, GLEN W 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Gilet, Jean Jacques 1900 Old Dixie Highway Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Egan, Robert W. 1900 Old Dixie Highway Fort Pierce, FL 34946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVASst.S Carnell, Richard M. Jr. 1900 Old Dixie Highway Fort Pierce, FL 34946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				By: Gregory P. Nelson 4/15/04 772-465-7555 Egan Partners, LLC Vice President	