


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003451	
1. Entity Name J.G.A. ENTERPRISES, LLC	

Principal Place of Business 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957	Mailing Address P.O. BOX 716 SANIBEL, FL 33957
---	---



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4493219	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARMENIA, JOHN
2430 PERIWINKLE WAY SUITE B
SANIBEL ISLAND, FL 33957

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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

1000000112461
04/14/04-80022-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARMENIA, JOHN
STREET ADDRESS	15631 CAPTIVA DRIVE
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(l), 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: John Armenia Managing Member John Armenia 4/12/04 339-385-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #