

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90204 008 \*\*\*\*50.00

**DOCUMENT # L02000005321**

1. Entity Name  
 S.J. GLAUSER DCJB, L.L.C.



Principal Place of Business  
 6828 SOUTH TAMiami TRAIL  
 SARASOTA, FL 34231

Mailing Address  
 6828 SOUTH TAMiami TRAIL  
 SARASOTA, FL 34231



2. Principal Place of Business  
 10391 Westminister Blvd  
 Suite, Apt. #, etc.

3. Mailing Address  
 2033 Main St  
 #600 Rab. Chapnick

City & State  
 Westminister CO

City & State  
 Sarasota, FL

Zip  
 80220

Country  
 USA

Zip  
 34237

Country  
 USA

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 04-3620988

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.  
 ICARD, MERRILL, CULLIS  
 2033 MAIN ST., STE. 600  
 SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLAUSER, STEVEN J 6828 S. TAMiami TRAIL SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *S.J. Glauser* **DATE:** 1/13/2004 **Daytime Phone #:** 303 410 7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE