


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006170 1. Entity Name G & J LEASING, LLC	
--	---

Principal Place of Business P.O. BOX 291935 PORT ORANGE, FL 32129	Mailing Address P.O. BOX 291935 PORT ORANGE, FL 32129
---	---

DO NOT WRITE IN THIS SPACE



03272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0633768	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRYAN, JOHN S 1554 RUSTY CIRCLE PORT ORANGE, FL 32129
--

**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 restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000100024
03/31/04-80029-017 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRYAN, JOHN S P.O. BOX 291935 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRYAN, GLORIA G P.O. BOX 291935 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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: John S Bryan **3-27-04** **386-7567650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #