


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90279 043 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000008538	
<b>1. Entity Name</b> PMJ ENTERPRISES, LLC	

<b>Principal Place of Business</b> 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	<b>Mailing Address</b> 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409
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MOORE CR2E083 (11/03)

<b>2. Principal Place of Business</b> 2301 Okeechobee Blvd	<b>3. Mailing Address</b> 2301 Okeechobee Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> West Palm Beach FL	<b>City &amp; State</b> West Palm Bch FL
<b>Zip</b> 33409	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 01-0662691	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  EGAN, JOHN 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and true if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> EGAN, JOHN 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> ROZOWICZ, MICHAEL 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> WOLOSKY, PETER 2301 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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.**

<b>SIGNATURE:</b> [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Member/Mgr/Ptr</b> 3.30.04 Date	(561) 683-8500 Daytime Phone # ext 1221
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