
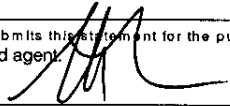
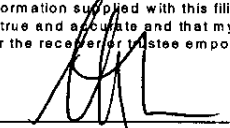


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90071 032 \*\*\*\*\*50.00

<b>DOCUMENT # L02000009375</b>					
<b>1. Entity Name</b> JML, LLC					
<b>Principal Place of Business</b> <del>235 OCALA ROAD SOUTH</del> TALLAHASSEE, FL 32304			<b>Mailing Address</b> <del>235 OCALA ROAD SOUTH</del> TALLAHASSEE, FL <del>32304</del>		
<b>2. Principal Place of Business</b> 475 APPELWARD DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 2535 Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEONI, STEVEN M 235 OCALA ROAD SOUTH TALLAHASSEE, FL 32304		<b>7. Name and Address of New Registered Agent</b> Name: <u>Leoni, Steven M</u> Street Address (P.O. Box Number is Not Acceptable): <u>2020 West Pensacola</u> Suite # <u>27</u> City: <u>Tallahassee</u> <b>FL</b> Zip Code: <u>32304</u>			
<b>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:  DATE: <u>2/26/04</u>					
<small>Signatures: typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when replacing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <u>LEONI, STEVEN</u> <u>235 S OCALA RD</u> TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Steven M Leoni</u> <u>P.O. Box 2535</u> <u>TALL, FL 32316</u>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE:</b> 				Date: <u>2/26/04</u> Daytime Phone #: <u>580-3131</u>	