Jan 13 04 04:36p GEORGE FAMIGLIO 94

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Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90207 043 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014204

1. Entity Name
JSC PROPERTY DEVELOPMENT, L.L.C.

Principal Place of Business
694 CLEAR CREEK DR.
OSPREY, FL 34229

Mailing Address
694 CLEAR CREEK DR.
OSPREY, FL 34229

01132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 26-4528285 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
KOHL-HELBIG, LAUREN
1800 SECOND ST. #901
SARASOTA, FL 34236

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	~~ELLIS, JAMES~~
STREET ADDRESS	~~4148 C. SARASOTA PKWY. #1323~~
CITY-ST-ZIP	~~SARASOTA, FL 34238~~

☐ Delete (×5 further empty entries)

10. ADDITIONS/CHANGES

TITLE	MGRM	☒ Change ☐ Addition
NAME	Ellis James	
STREET ADDRESS	694 Clear Creek Drive	
CITY-ST-ZIP	Osprey Fl 34229	
TITLE	MGRM	☐ Change ☒ Addition
NAME	ELIZABETH PITCHFORD	
STREET ADDRESS	694 CLEAR CREEK DRIVE	
CITY-ST-ZIP	OSPREY, FL 34229	

☐ Change ☐ Addition (×4 further empty entries)

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: X James Ellis Jan 13 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #