

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021208

1. Entity Name
THE JORDAN GROUP, LLC



Principal Place of Business
**467 WEST SHORE DRIVE
SUMMERLAND KEY, FL 33042**

Mailing Address
**467 WEST SHORE DRIVE
SUMMERLAND KEY, FL 33042**



04162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3709279

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ROBERT K ESQ
CUNNINGHAM, MILLER & WOLFE, LLP
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000127558
04/26/04-80002-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BARLOW, BURTON K II
316 LAWNWOOD DR
WILLISTON, VT 05495**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BARLOW, LORI YOUNG
316 LAWNWOOD DR
WILLISTON, VT 05495**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACKENZIE, KENNETH
467 W SHORE DR
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MACKENZIE, MICHELE A
467 W SHORE DR
SUMMERLAND KEY, FL 33042**

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: _____

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

Date

Daytime Phone #

4/19/04

305-296-7511