


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021611 1. Entity Name J & J DEVELOPMENT, L.L.C.	
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Principal Place of Business 502 KING LAKE BOULEVARD DEFUNIAK SPRINGS, FL 32433	Mailing Address 502 KING LAKE BOULEVARD DEFUNIAK SPRINGS, FL 32433
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01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0106820	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 HARRISON, JEROME 4773 GRIMES ROAD LAUREL HILL, FL 32567
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**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.

X SIGNATURE Jerome Harrison 1/09/04
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ODOM, JAMES L 502 KING LAKE BOULEVARD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRISON, JEROME 4773 GRIMES ROAD LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRISON, VIRGIL L 4797 GRIMES ROAD LAUREL HILL, FL 32567
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01/13/04-80046-006 55.00

**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.

X SIGNATURE: Jerome Harrison 1/09/04 (850) 865-4513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #