


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000021819 1. Entity Name J & S MANAGEMENT, LC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1810 OCEANVIEW DRIVE TIERRE VERDE, FL 33715 | Mailing Address 1810 OCEANVIEW DRIVE TIERRE VERDE, FL 33715 |
|---|---|

DO NOT WRITE IN THIS SPACE



02122004 No Chg-LLC

CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 11-3652623 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

LONG, JOHN
1810 OCEANVIEW DRIVE
TIERRE VERDE, FL 33715

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

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LONG, JOHN 1810 OCEANVIEW DRIVE TIERRE VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ROCCO, STEVE 1657 PALM WAY LARGO, FL 33771 |
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03/04/04-80009-011 50.00

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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)(f), 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

3/4/04
Date

Daytime Phone #