


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027011

1. Entity Name
STEFJON EQUITIES, LLC



Principal Place of Business 13245 ATLANTIC BLVD., SUITE 4, BOX 104 JACKSONVILLE, FL 32225	Mailing Address 13245 ATLANTIC BLVD., SUITE 4, BOX 104 JACKSONVILLE, FL 32225
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08242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2306811	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

BOGIN, DONNA R
13262 COMPANION CIRCLE SOUTH
JACKSONVILLE, FL 32224

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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 re-registering)

Filing Fee is \$50.00
Due by September 8, 2004

U00000171100
 08/30/04-80004-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGIN, DONNA R 13262 COMPANION CIRCLE SOUTH JACKSONVILLE, FL 32224
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Donna R. Bogin 8/25/2004 (904) 220-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #