

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000029417
1. Entity Name
L.J.LYNN FOOTWEAR CONSULTING, LLC



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

Principal Place of Business
**4459 GLEN KERNAN PARKWAY
JACKSONVILLE, FL 32224**

Mailing Address
**4459 GLEN KERNAN PARKWAY
JACKSONVILLE, FL 32224**



02252004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 61-1436610 | 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

LYNN, LOUIS J JR.
4459 GLEN KERNAN PARKWAY
JACKSONVILLE, FL 32224

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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

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LYNN, LOUIS J 4459 GLEN KERNAN PARKWAY JACKSONVILLE, FL 32224 |
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05/05/04-80029-015 50.00

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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)(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: *Louis J. Lynn* **LOUIS J. LYNN** **4-30-2004** **972-529-0670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #