


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90034 015 ****50.00

DOCUMENT # L02000034501			
1. Entity Name P. J. C. OF CENTRAL FL., L.L.C.			
Principal Place of Business 5350 US HIGHWAY 441 SE OKEECHOBEE FL 34974-2393		Mailing Address 5350 US HIGHWAY 441 SE OKEECHOBEE FL 34974-2393	
2. Principal Place of Business SAME		3. Mailing Address 8495 SW WESTWOOD LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State STUART, FL	
Zip	Country	Zip 34997	Country MARTIN



MOORE CR2E083 (11/03)

4. FEI Number 01-0759980		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OBERLEY, JERRY E 8495 SW WESTWOOD LN OKEECHOBEE FL 34997		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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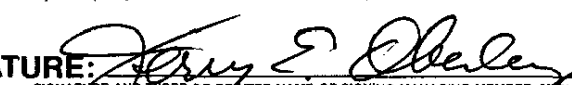
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-14-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OBERLEY, JERRY E 8495 SW WESTWOOD LN STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/14/04** 5618276508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE