# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 02, 2004 8:00 am**
**Secretary of State**

02-02-2004 90208 013 ****50.00

DOCUMENT # L03000001048

1. Entity Name
JADOCH, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4063 SALISBURY ROAD<br>SUITE 202<br>JACKSONVILLE, FL 32216 US | 4063 SALISBURY ROAD<br>SUITE 202<br>JACKSONVILLE, FL 32216 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| → | 106 TOURNAMENT RD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: PONTE VEDRA, FL |
| Zip / Country | Zip: 32081 / Country: U/A |

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 30-0181254 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HUSEMAN, WILLIAM N<br>6320 ST. AUGUSTINE ROAD<br>BUILDING 12<br>JACKSONVILLE, FL 32217 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City / FL / Zip Code |

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: _____
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**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE: OWNER/MGR<br>NAME: CHRIS FREEDMAN<br>STREET ADDRESS: 106 TOURNAMENT RD.<br>CITY-ST-ZIP: PONTE VEDRA, FL 32081 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: OWNER/MGR<br>NAME: DONALD FREEDMAN<br>STREET ADDRESS: 4063 SALISBURY RD.<br>CITY-ST-ZIP: JACKSONVILLE, FL 32216 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE: OWNER/MGR<br>NAME: JANE FREEDMAN<br>STREET ADDRESS: 1221 1ST ST S APT. S-A<br>CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ 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:** Chris Freedman — 1/26/04 — 904-219-1126

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