

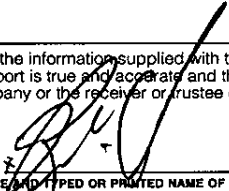


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90158 046 \*\*\*\*50.00

<b>DOCUMENT # L03000002264</b>					
<b>1. Entity Name</b> JH NTERPRISES, LLC				<b>24029355</b> 	
<b>Principal Place of Business</b> 9009 SMOKETREE DRIVE JACKSONVILLE, FL 32244		<b>Mailing Address</b> 9009 SMOKETREE DRIVE JACKSONVILLE, FL 32244			
<b>2. Principal Place of Business</b> 4352 Southside Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville, Florida		<b>City &amp; State</b>		<b>4. FEI Number</b> 27-0043003	
<b>Zip</b> 32216		<b>Country</b> Duval		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STUTSMAN & THAMES, P.A. 121 W FORSYTH STREET STE. 600 JACKSONVILLE, FL 32202				<b>7. Name and Address of New Registered Agent</b> Name: <u>Richard Cook</u> Street Address (P.O. Box Number is Not Acceptable): <u>9009 Smoketree Drive</u> City: <u>Jacksonville</u> <b>FL</b> Zip Code: <u>32244</u>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, RICHARD 9009 SMOKETREE DRIVE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> 			Richard C. Cook		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>3-24-04</u> Daytime Phone #: <u>904-645-7160</u>		