

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90098 049 \*\*\*\*50.00

**DOCUMENT # L03000004037**

1. Entity Name  
J2, L.L.C.



Principal Place of Business  
2419 E. COMMERCIAL BLVD., STE. 100  
FORT LAUDERDALE, FL 33308

Mailing Address  
2419 E. COMMERCIAL BLVD., STE. 100  
FORT LAUDERDALE, FL 33308

14026502



2. Principal Place of Business

3. Mailing Address

6278 N. Federal Hwy.  
Suite 254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL. Lauderdale, FL

Zip

Country

Zip

Country

33308

USA

03272003

Chg-LLC

CR2E083 (10/03)

4. FEI Number

41-2077840

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

NORDT, GREGORY M  
100 W. CYPRESS CREEK RD., STE. 700  
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME HUTSLAR, STUART JAMES  
STREET ADDRESS 1333 S. OCEAN BLVD.  
CITY-ST-ZIP POMPAHO BEACH, FL 33062 ☐ Delete

TITLE MGR  
NAME Hutslar, Stuart James  
STREET ADDRESS 912 Orange Isle  
CITY-ST-ZIP Ft. Lauderdale, FL 33315 ☒ Change ☐ Addition

TITLE MGR  
NAME TELLAM, JEFFREY EDWARD  
STREET ADDRESS 270 GREENWOOD DR.  
CITY-ST-ZIP KEY BISCAVNE, FL 33149 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

Stuart James Hutslar

7/15/04

954.655.3592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #