

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 003 ****50.00

DOCUMENT # L03000009994



1. Entity Name
J & L MANAGEMENT, LLC

Principal Place of Business
C/O JAMES E. KLEMENT
4540 SOUTHSIDE BOULEVARD, SUITE 801
JACKSONVILLE, FL 32216

Mailing Address
C/O JAMES E. KLEMENT
4540 SOUTHSIDE BOULEVARD, SUITE 801
JACKSONVILLE, FL 32216



2. Principal Place of Business
1630 AVOCA PLACE
Suite, Apt. #, etc.

3. Mailing Address
1630 AVOCA PLACE
Suite, Apt. #, etc.

06222004 Chg-LLC CR2E083 (10/03)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
20-1275500

Applied For
Not Applicable

Zip Country
32207 USA

Zip Country
32207 USA

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

6. Name and Address of Current Registered Agent

KLEMENT, JAMES E
4540 SOUTHSIDE BOULEVARD, SUITE 801
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name
KLEMENT, JAMES E.
Street Address (P.O. Box Number is Not Acceptable)
1630 AVOCA PLACE
City JACKSONVILLE FL Zip Code 32207

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)

6/30/04
DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KLEMENT, JAMES E ☐ Delete
STREET ADDRESS 4540 SOUTHSIDE BOULEVARD, SUITE 801
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME KLEMENT, JAMES E.
STREET ADDRESS 1630 AVOCA PLACE
CITY-ST-ZIP JACKSONVILLE, FL 32207

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

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

TITLE
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CITY-ST-ZIP

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

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:

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

6/30/04
Date

Daytime Phone #