


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90003 033 \*\*\*\*50.00

<b>DOCUMENT # L03000015675</b>	
1. Entity Name <b>J.F.M. PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>607 HIGHWAY 98 EAST DESTIN, FL 32541</b>	Mailing Address <b>607 HIGHWAY 98 EAST DESTIN, FL 32541</b>
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2. Principal Place of Business <b>4475 Legendary Drive</b>	3. Mailing Address <b>4475 Legendary Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Destin, Florida</b>	City & State <b>Destin, Florida</b>
Zip <b>32541</b>	Country <b>USA</b>
Zip <b>32541</b>	Country <b>USA</b>

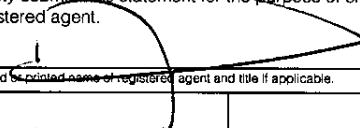
01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>56-2356578</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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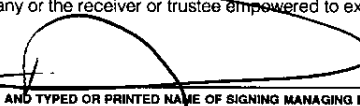
6. Name and Address of Current Registered Agent <b>MATTHEWS, DANA C ESQ. C/O MATTHEWS &amp; HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTING, FL 32541</b>	
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7. Name and Address of New Registered Agent Name <b>Dana C. Matthews, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Matthews &amp; Hawkins, P.A.</b> <b>4475 Legendary Drive</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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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 <b>1/27/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MATTHEWS, DANA C 607 HIGHWAY 98 EAST DESTIN, FL 32541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr Dana C. Matthews 4475 Legendary Drive Destin, Florida 32541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 	DATE <b>1/27/04</b> (850) 37-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	