


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-22-2004 90353 003 \*\*\*\*50.00

DOCUMENT # L03000019113

1. Entity Name  
**JF & V ENTERPRISES, LLC**



Principal Place of Business  
**7810 SW 164TH STREET  
 MIAMI, FL 33157**

Mailing Address  
**PO BOX 557243  
 MIAMI, FL 33255**


2. Principal Place of Business  
**13120 SW 92 AVE**

3. Mailing Address  
 Suite, Apt. #, etc.  
**D-304**

City & State  
**MIAMI, Florida**

Zip  
**33176**

Country



03132004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**41-2097470**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTOLANTE, TERESA V  
 7810 SW 164 STREET  
 MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name  
**TERESA V. ROTOLAN**

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

**13120 SW 92 AVE, D-304**

City  
**Miami**

State  
**FL**

Zip Code  
**33176**

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) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTOLANTE, TERESA V 7810 SW 164 ST MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13120 SW 92 AVE, D-304 Miami, FL 33176</b>
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

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: Teresa V Rotolante 4-19-04 (786) 514-7323

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