2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-28-2004 90066 015 ****55.00

DOCUMENT # L03000020684

1. Entity Name
JEM 'N I PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 7151 SARASOTA, FL 34278	P.O. BOX 7151 SARASOTA, FL 34278

04000443

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4294 PrairieView Dr. So.		P.O. Box 7151	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota Fl		City & State: Sarasota Fl	
Zip: 34232	Country: Sarasota	Zip: 34278	Country: Sarasota

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

LOLLI, JEAN R
4294 S. PRAIRIE VIEW DRIVE
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

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 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 Jean R Lolli 4294 S. PrairieView Dr Sarasota Fl 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] Jean R. Lolli 4.24.04 941.371.4759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #