


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90275 004 ****50.00

| | |
|---|---|
| DOCUMENT # L03000020838 |  |
| 1. Entity Name BOURBON STREET PARTNERS, LLC | |

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|--|--|
| Principal Place of Business 1810 OCEANVIEW DR TIERRA VERDE, FL 33715 | Mailing Address 1810 OCEANVIEW DR TIERRA VERDE, FL 33715 |
|--|--|

24017197

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02122004 Chg-LLC CR2E083 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 55-0836765 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| LONG, JOHN 1810 OCEANVIEW DR TIERRA VERDE, FL 33715 | | 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 _____ (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 | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | J & S MANAGEMENT LLC | NAME | |
| STREET ADDRESS | 1810 OCEANVIEW DR | STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE, FL 33715 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |