

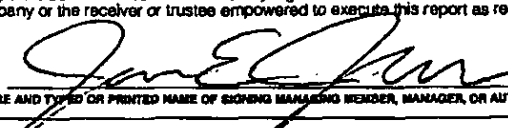
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/

FILED
May 26, 2004 8:00 am
Secretary of State

04-28-2004 90073 015 ****50.00

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DOCUMENT # L03000020897 1. Entity Name JORDAN HOLDINGS LLC			
Principal Place of Business 4747 3RD STREET NORTH ST. PETERSBURG, FL 33703		Mailing Address 4747 3RD STREET NORTH ST. PETERSBURG, FL 33703	
2. Principal Place of Business 601 CLEVELAND ST. Suite, Apt. #, etc. SUITE 150 City & State CLEARWATER FL Zip 33755		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-0669987		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04122004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent JORDAN, JAMES E 4747 3RD STREET NORTH ST. PETERSBURG, FL 33703		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)			
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	MGR JORDAN, JAMES E 4747 3RD STREET NORTH ST. PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORDAN, JAMES WARREN 9503 J KINGS CROFT TER. PERRY HALL, MD 21128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/25/04 Daytime Phone # (727) 525-3508	