

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027390

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** THE TRAILS AT RIVARD, LLC

**Current Principal Place of Business:**

333 FOURTH STREET NORTH, SUITE 400  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

43-46 NORRE GADE  
#137  
ST THOMAS, VI 00802

**Current Mailing Address:**

333 FOURTH STREET NORTH, SUITE 400  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

PO BOX 267  
ST THOMAS, VI 00804

**FEI Number:** 20-0116158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRWIN, IAN F  
333 FOURTH STREET NORTH, SUITE 400  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

JENKINS, DAVID A  
333 FOURTH STREET NORTH, SUITE 400  
ST. PETERSBURG, FL 33701

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.

SIGNATURE: DAVID A JENKINS

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JJM FUND MANAGEMENT., LLC  
Address: 333 FOURTH STREET NORTH, SUITE 400  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JJM FUND MANAGEMENT., LLC  
Address: PO BOX 267  
City-St-Zip: ST THOMAS, VI 00804

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IAN F IRWIN, MANAGER

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date