

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028435

1. Entity Name
SAN JOSE VENTURE, LLC



Principal Place of Business
**9148 PHILIPS HWY
JACKSONVILLE, FL 32256**

Mailing Address
**9148 PHILIPS HWY
JACKSONVILLE, FL 32256**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0771556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUDLEY, JOHNNY L
11478 PINE STREET
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUDLEY, GARY L
11478 PINE STREET
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUDLEY, DANIEL P
11478 PINE STREET
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STOWELL, JAMES C
9148 PHILLIPS HWY
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000208654
02/01/05-80015-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #