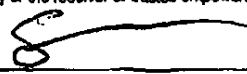


REJECTED
04-08-2004 90273 041 ****50.00
FILED L03000031636

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

2004 MAY -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031636			
1. Entity Name JULES PROPERTIES, LLC			
Principal Place of Business P.O. BOX 532112 ORLANDO, FL 32853		Mailing Address P.O. BOX 532112 ORLANDO, FL 32853	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number 200169817		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, BERRY J JR., ESQ C/O WALKER & TUDHOPE, P.A. 1053 MAITLAND CENTER COMMONS BLVD., 2ND FL MAITLAND, FL 32751		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 reappointing)			
Filing Fee is \$80.00 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 SHELDON, SCOTT P.O. BOX 532112 ORLANDO, FL 32853 <i>1214 E. Concord St Orlando, FL 32803</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition <i>OK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIKE, KIM P.O. BOX 532112 ORLANDO, FL 32853	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	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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	☐ Delete ☐ 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			