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

2004 MAY -6 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031636

1. Entity Name
JULES PROPERTIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 532112<br>ORLANDO, FL 32853 | P.O. BOX 532112<br>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 |

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 200169817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>SHELDON, SCOTT<br>~~P.O. BOX 532112~~ 1214 E. Concord St<br>~~ORLANDO, FL 32853~~ Orlando, FL 32803 | ☐ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DIKE, KIM<br>P.O. BOX 532112<br>ORLANDO, FL 32853 | ☒ Delete | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition |
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| 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #