

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90209 020 \*\*\*\*50.00

<b>DOCUMENT # L03000032741</b>					
1. Entity Name <b>JLMP GROUP, LLC</b>					
Principal Place of Business <b>16923 SE 96TH CHAPELWOOD CIRCLE THE VILLAGES, FL 32162 US</b>			Mailing Address <b>16923 SE 96TH CHAPELWOOD CIRCLE THE VILLAGES, FL 32162 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. EEI Number <b>74-3107093</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIESEN, JAMES R 16923 SE 96TH CHAPELWOOD CIRCLE THE VILLAGES, FL 32162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIESEN, PAULINE 16923 SE 96TH CHAPELWOOD CIRCLE THE VILLAGES, FL 32162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, LYLE 1603 MISSOULA HELENA, MT 59601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIESEN, MARIANNE E 1603 MISSOULA HELENA, MT 59601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James R Niesen</i>			Date: <i>1/30/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		