

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036234

1. Entity Name
LORD'S & J.P. LLC



FILED
04 OCT -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~10713 CROWNGATE LN.~~
~~TAMPA, FL 33624~~

Mailing Address
~~10713 CROWNGATE LN.~~
~~TAMPA, FL 33624~~

2. Principal Place of Business
~~4011 FISHERMAN'S COVE~~
Suite, Apt. #, etc.

3. Mailing Address
~~P.O. BOX 24792~~
Suite, Apt. #, etc.



03042003 Chg-LLC CR2E083 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
432034961

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33623

Country
HAWAII

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALESNIK, JOSEPH
~~10713 CROWNGATE LN.~~
~~TAMPA, FL 31624~~

Name
JOSEPH A. ALESNIK
Street Address (P.O. Box Number is Not Acceptable)

4011 FISHERMAN'S COVE CT
City TAMPA FL Zip Code 33624

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

Joseph A. Alesnik

9/8/04

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGMR
NAME ALESNIK, JOSEPH
STREET ADDRESS 10713 CROWNGATE LN.
CITY-ST-ZIP TAMPA, FL 33624 ☐ Delete

TITLE MGMR
NAME ROLLE-ALESNIK, PAULETTE
STREET ADDRESS 10713 CROWNGATE LN.
CITY-ST-ZIP TAMPA, FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500041570825
10/04/04--01040--006 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Joseph A. Alesnik

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

9/8/04 813-949-6127

Date

Daytime Phone #