

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

DOCUMENT # L03000036395

1. Entity Name

JECLUBE LTD., CO.



Principal Place of Business

121 N 14TH STREET
LEESBURG FL 34748

Mailing Address

36005 TIMBERTON LANE
FRUITLAND PARK FL 34731

2. Principal Place of Business

121 N. 14th St.

3. Mailing Address

33910 Silver Pine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg FL 34788

Zip

34748

Country

LAKE

Zip

34788

Country

LAKE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASPINWALL, JOHN D
121 N 14TH STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Christina S. Butts

Street Address (P.O. Box Number is Not Acceptable)

33910 Silver Pine Dr.

City

Leesburg FL

FL

Zip Code

34788

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

Christina S. Butts

Christina S. Butts

8/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ASPINWALL, JOHN D	
STREET ADDRESS	36005 TIMBERTOP LANE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BUTTS, ELLIOTT D	
STREET ADDRESS	33910 SILVER PINE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUTTS, CHRISTINA S	
STREET ADDRESS	33910 SILVER PINE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE, JOHN H	
STREET ADDRESS	36005 TIMBERTOP LN	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE, FRANCES L	
STREET ADDRESS	36005 TIMBERTOP LN	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	John D. Aspinwall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	36005 Timbertop Ln	
STREET ADDRESS	Fruitland Park FL 34731	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Christina S. Butts	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	33910 Silver Pine Dr.	
STREET ADDRESS	Leesburg FL 34788	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Frances L. Lane 8-19-04 352-787-6464

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

Date

Daytime Phone #