
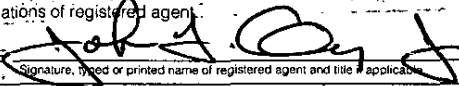
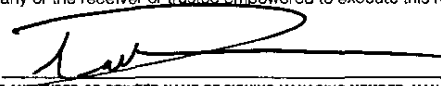


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90113 033 \*\*\*\*50.00

<b>DOCUMENT # L03000040416</b> 1. Entity Name <b>JOYOUS GARDE INVESTMENTS, LLC</b>			
Principal Place of Business <b>621 NW 78TH TERRACE #206 PEMBROKE PINES, FL 33024</b>		Mailing Address <b>621 NW 78TH TERRACE #206 PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-0308962</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY CAPE CORAL, FL 33904-9604</b>		7. Name and Address of New Registered Agent Name <b>The Tax Doctor, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3021 NW 183<sup>RD</sup> ST.</b> City <b>Miami</b> FL Zip Code <b>33056</b>	
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 		Accountant <b>4/22/04</b> DATE	
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	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KAREN PARKER 621 NW 78<sup>TH</sup> TER. #206 PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADRIAN PARKER 621 NW 78<sup>TH</sup> TER. #206 PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEEDRE PARKER 2333 NW 181<sup>ST</sup> Miami Gardens, FL 33024</b>
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: 		<b>4/14/04</b> <b>954-965-7673</b> Date Daytime Phone #	

24062618

