2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90024 006 ****50.00

DOCUMENT # L03000042427

1. Entity Name
EL JOBEAN PROPERTIES, LLC

Principal Place of Business	Mailing Address
3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA, FL 34239 US	3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA, FL 34239 US

2. Principal Place of Business	3. Mailing Address
4434 Sturkie Avenue	4434 Sturkie Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt. Charlotte, FL	City & State: Pt. Charlotte, FL
Zip: 33953 Country: Charlotte	Zip: 33953 Country: Charlotte

Z4U33b33

03192004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0408239 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON
3400 S. TAMIAMI TRAIL
SUITE 202
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

6. 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 required of named registered agent and, 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	MGRM. JOHN W. RENDER JR. 214 S. Hite AVE. Louisville Ky 40206 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Carl B. Windorst JR. 1216 Kremer AVE Louisville Ky 40213 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Scott A. Mattingly 3701 Palmer Park Rd Crestwood Ky 40014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANFord Goodman 126 N. Peterson #2 Louisville Ky 40206 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Joel T. Poldberg 6317 River Rd Harrods Creek Ky 40027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 electronic 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: _____ 4-08-04 941-235-3810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #