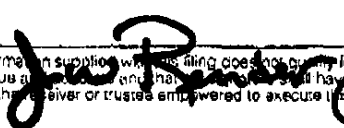


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US		Mailing Address 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US	
2. Principal Place of Business 4434 Sturkie Avenue		3. Mailing Address 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
4. FEI Number 20-0408239		Applied For ☐ Not Applicable	
6. 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	
9. 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 typed or printed name of registered agent and date if applicable (NOTP-Registered Agent signature required when registering)			
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 1216 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 was true and correct at the time of filing and does not conflict with the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and correct and 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 605, Florida Statutes.			
SIGNATURE: 		Date: 4-08-04 941-235-3810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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