


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90073 022 \*\*\*\*\*55.00

<b>DOCUMENT # L03000046952</b> 1. Entity Name <b>J.M.G. INNOVATIONS, LLC</b>					
Principal Place of Business <b>5116 CONROY ROAD</b> <b>#418</b> <b>ORLANDO, FL 32811 US</b>			Mailing Address <b>5116 CONROY ROAD</b> <b>#418</b> <b>ORLANDO, FL 32811 US</b>		
2. Principal Place of Business <b>7043 Lake Long Dr.</b> Suite, Apt. #, etc.			3. Mailing Address <b>7043 Lake Long Dr.</b> Suite, Apt. #, etc.		
City & State <b>Orlando FL</b>			City & State <b>Orlando FL</b>		
Zip <b>32818</b>		Country <b>Orange</b>		Zip <b>32818</b>	
Country <b>Orange</b>		4. FEI Number <b>33-1076606</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALES, JAMES M</b> <del><b>5116 CONROY ROAD</b></del> <del><b>#418</b></del> <del><b>ORLANDO, FL 32811</b></del> <b>7043 Lake Long Dr.</b> <b>Orlando, FL 32818</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><b>James Michael Gonzales</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALES, JAMES M 5116 CONROY ROAD, #418 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gonzales 7043 Lake Long Dr Orlando FL 32818	<input checked="" 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
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
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: <u><b>James Michael Gonzales</b></u> <b>James Michael Gonzales</b> <b>9/6/04</b> <b>321-303-1376</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					