


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90061 004 \*\*\*\*55.00

<b>DOCUMENT # L03000047659</b> 1. Entity Name <b>JASON CROUCHER, LLC</b>																											
Principal Place of Business <b>12421 HICKS ROAD</b> <b>HUDSON, FL 34669 US</b>		Mailing Address <b>12421 HICKS ROAD</b> <b>HUDSON, FL 34669 US</b>																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>9319 Labelle St</b> Suite, Apt. #, etc.																									
City & State <b>New Port Richey, FL</b> Zip & Country <b>34654 U.S.A</b>		City & State <b>New Port Richey, FL</b> Zip & Country <b>34654</b>																									
4. FEI Number <b>42-1637380</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GIOVINCO, IAN</b> <b>7215 HIAWATHA PARKWAY</b> <b>SPRING HILL, FL 34606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 _____ DATE _____ <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">MGR</td> <td style="width:10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>CROUCHER, JASON</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>12421 HICKS ROAD</b> <b>HUDSON, FL 34669</b></td> </tr> </table>		TITLE	NAME	MGR	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<b>CROUCHER, JASON</b>			CITY-ST-ZIP	<b>12421 HICKS ROAD</b> <b>HUDSON, FL 34669</b>			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">MGR</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>CROUCHER, Jason</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>9319 Labelle</b> <b>New Port Richey 34654</b></td> </tr> </table>		TITLE	NAME	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>CROUCHER, Jason</b>			CITY-ST-ZIP	<b>9319 Labelle</b> <b>New Port Richey 34654</b>		
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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>Jason Croucher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>9/7/04</u> Daytime Phone # <u>727-236-0669</u> <u>727-8</u>																									