

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90064 019 \*\*\*\*50.00

<b>DOCUMENT # L03000047983</b>					
<b>1. Entity Name</b> JOFRACH, L.L.C.					
<b>Principal Place of Business</b> 811 BENTLEY DR. NAPLES FL 34110			<b>Mailing Address</b> 811 BENTLEY DR. NAPLES FL 34110		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 47-0941438	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SARGENT, FRANK 811 BENTLEY DR. NAPLES FL 34110				<b>7. Name and Address of New Registered Agent</b> Name: <u>JOHN SARGENT</u> Street Address (P.O. Box Number is Not Acceptable): <u>1483 W. INDUSTRIAL AVE</u> <u>ESCONDIDO, CA. 92029</u> City: <u>ESCONDIDO</u> State: <u>CA</u> Zip Code: <u>92029</u>	
<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.</b>					
SIGNATURE: <u>[Signature]</u> <u>JOHN SARGENT</u> <u>MGR</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)</small>				DATE: <u>4/23/04</u>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARGENT, FRANK 811 BENTLEY DR. NAPLES FL 34110	<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	MGR JOHN SARGENT 1483 W. INDUSTRIAL AVE ESCONDIDO, CA. 92029	<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	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <u>MGR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE: <u>4/23/04</u> Daytime Phone #: <u>760 212-6338</u>	