2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State 03-08-2004 90276 024 ****50.00

DOCUMENT # L03000048064 1. Entity Name JOANNE GILLIGAN, LLC						03-08-2004	90276 (024 ***	*50.00
Principal Place of Business 1555 KINGSLEY AVENUE SUITE 503 ORANGE PARK, FL 32073 US			Maiting Address 1555 KINGSLEY AVENUE SUITE 503 ORANGE PARK, FL 32073 US						
2. Principal Place of Business			3, Mailing Address						
Suite, Apt. #. etc.			Suite, Apt. #, etc.	, _		02262004 Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	,		plied For t Applicable
ZIP		Country	Zip	Coun	itry	5. Certificate of Status Desired	۽ ت	55.00 Add see Required	
	6. Name	and Address of Current 9	egistered Agent Name			7. Name and Address of New Registered Agent			
-GILLIGAN;				. —					
~1555 KING SUITE 503		ENUE		-	Street Acoress (P.O. Box Number is Not Acceptable)			
ORANGE									
		,¢			City	···	FL	Zip Code	•
			the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of regustered agent and title 4 applicable. (NOTE: Registered Agent argusture required when remetating) DATE									
Fi De	iting Fee i ue by May	ls \$50.00 y 1, 2004					check pa Departme	yable to nt of State	,
9.	MGRM	MANAGING MEMBE		10.		ADDITIONS/C			
TITLE MAME	1	N, JOANNE	☐ Detete	. TITL : NAM	i i	,		Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	GSLEY AVENUE, SUITI PARK, FL 32073	E 503		FET ADDRESS 7-S1-2IP				
TITLE NAME								Change	Addition
STREET ADDRESS CITY-ST-ZIP		•			EET ADDRESS (+ST-ZIP				
TITLE	1		☐ Delete	ידוד.				☐ Change	Addition
NAME PERCET ADDRESS				MAA	į.				
STREET ADDRESS CITY-ST-ZIP	•				EET ADORESS (-ST-ZIP	•			رو د د د ا
· MTLE = se	المحادث والما	Salema , rationa	Delete -	TITL	É : -2	A-TO SOLIMO LILLINGIA (1977)	·	Change	⇒ ☑ Addition
NAME STREET ADDRESS				NAA etb	re Eet address				
CITY-ST-ZIP .					r-ST-ZP	,			
TITLE			☐ Detete	TΠL	ľ			☐ Change	Addition
NAME Street Address			•	NAA STR	AE EET ADDRESS				
CITY-ST-ZLP				ст	/-ST-ZIP				
TITLE			☐ Delete	TITE				Change	Addition
NAME STREET ADDRESS	ORESS			MAN STR	AE EET ADORESS				ļ
CITY-ST-ZIP	L				r-ST-ZIP	<u></u>			
11. I hereby certify that the information supplied with this filling 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.									
	(v		$_{n}$ M $_{nn}$. , , , , , , ,	V 5 17 1	V	<u>.</u>	_ /
SIGNAT	UREA SIGNATURE	AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MA	MADE, O	A AUTHORIZED REPRES	X 3104	Λ δ	以78号 ysmePhone#	086