

FILED
Apr 12, 2004 8:00 am
Secretary of State

DOCUMENT # L03000048064					
1. Entity Name JOANNE GILLIGAN, LLC					
Principal Place of Business 1555 KINGSLEY AVENUE SUITE 503 ORANGE PARK, FL 32073 US			Mailing 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.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent					
GILLIGAN, JOANNE 1555 KINGSLEY AVENUE SUITE 503 ORANGE PARK, FL 32073					Name
					Street Address
					City
5. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by May 1, 2004					
6. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM GILLIGAN, JOANNE 1555 KINGSLEY AVENUE, SUITE 503 ORANGE PARK, FL 32073		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
7. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Article 10 of the Florida Limited Liability Company Act, and that my signature shall have the same legal effect as if I were a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 100, Florida Statutes.					
SIGNATURE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					