

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-13-2004 90133 025 \*\*\*\*50.00

**DOCUMENT # L03000050074**

1. Entity Name  
**JIM JELINEK, LLC**



Principal Place of Business  
**1210 57TH AVE E  
BRADENTON, FL 34203**

Mailing Address  
**1210 57TH AVE E  
BRADENTON, FL 34203**

2. Principal Place of Business  
**1210 57th AVE E**  
Suite, Apt. #, etc.

3. Mailing Address  
**1210 57th AVE E**  
Suite, Apt. #, etc.



08242004 Chg-LLC CR2E083 (10/03)

City & State  
**BRADENTON FL**  
Zip  
**34203** Country  
**MANATEE**

City & State  
**BRADENTON FL**  
Zip  
**34203** Country  
**MANATEE**

4. FEI Number  
**20-0442786** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**GAY, JIM CPA**  
**3984 MANATEE AVE EAST**  
**BRADENTON, FL 34208**

**SAME**

7. Name and Address of New Registered Agent  
Name  
**JIM GAY CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3984 MANATEE AVE E**  
City  
**BRADENTON** FL Zip Code  
**34208**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**JELINEK, JIMMY S**  
**1210 57TH AVE E**  
**BRADENTON, FL 34203** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**MILLER, JACKIE**  
**1210 57TH AVE E**  
**BRADENTON, FL 34203** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**WARREN, CLAYTON**  
**3016 AVE C**  
**HOLMES BEACH, FL 34217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**941**  
**09-03-04 920-2285**