


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90006 005 ****50.00

DOCUMENT # L03000051563
 1. Entity Name
 J.J. DEWEY CONVENIENCE STORE, LLC



Principal Place of Business
 7111 COLLINS AVE
 MIAMI BEACH, FL 33141-3211

Mailing Address
 7111 COLLINS AVE
 MIAMI BEACH, FL 33141-3211

24067896



2. Principal Place of Business
 7116 E. BAY DR.
 Suite, Apt. #, etc.

3. Mailing Address
 7116 E. BAY DR.
 Suite, Apt. #, etc.

05052004 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

Zip
 33141

Country

Zip
 33141

Country

4. FEI Number
 65-1211059

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DEWEY, JANE J
 7111 COLLINS AVE
 MIAMI BEACH, FL 33141-3211

7. Name and Address of New Registered Agent
 Name
 DEWEY JANE J
 Street Address (P.O. Box Number is Not Acceptable)
 7116 E. BAY DR.
 City
 MIAMI BEACH FL Zip Code
 33141

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 Jane J. Dewey
 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	MGR DEWEY, JANE J 7111 COLLINS AVE MIAMI BEACH, FL 331413211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARKER, CINDY 7111 COLLINS AVE MIAMI BEACH, FL 331413211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. DEWEY JANE J 7116 E. BAY DR. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARKER CINDY 7116 E. BAY DR. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jane J. Dewey Date 04/30/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #