

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 034 ****50.00

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01152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000056306					
1. Entity Name JJT ENTERPRISES, LLC					
Principal Place of Business 1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD HUDSON, FL 34667 US			Mailing Address 1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD HUDSON, FL 34667 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1115568	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, TREVOR 1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD HUDSON, FL 34667			7. Name and Address of New Registered Agent Name JACQUELINE L. ANDREWS Street Address (P.O. Box Number is Not Acceptable) 13820 LITTLE ROAD City HUDSON FL Zip Code 34667		
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 JACQUELINE L. ANDREWS (NOTE: Registered Agent signature required when changing office or agent) DATE 3-15-05					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDREWS, TREVOR 1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD HUDSON, FL 34667 <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	MGRM MUNDAY, JOANNE L 1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD HUDSON, FL 34667 <input type="checkbox"/> Delete	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"/> Delete	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: JOANNE L. MUNDAY			Date 3/15/05 Daytime Phone # 727-861-7623		