


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90051 009 \*\*\*\*50.00

<b>DOCUMENT # L04000019678</b>					
1. Entity Name <b>MAIN STEM PJ, LLC</b>					
Principal Place of Business <b>7208 PARKER SCHOOL ROAD 3 JACKSONVILLE, FL 32211 US</b>			Mailing Address <b>7208 PARKER SCHOOL ROAD 3 JACKSONVILLE, FL 32211 US</b>		
2. Principal Place of Business			3. Mailing Address <b>9200 NW 36th Place SUITE A</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Gainesville FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>20-1008535</b>	
<b>32606</b>	<b>USA</b>	<b>32606</b>	<b>USA</b>	Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SMITH, RICHMOND J 7208 PARKER SCHOOL ROAD 3 JACKSONVILLE, FL 32211</b>				7. Name and Address of New Registered Agent <b>Timothy P DEEGAN CPA 9200 NW 36th Place SUITE A Gainesville FL 32606</b>	
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. <b>Signature: Timothy P Deegan CPA</b> <b>4/13/05</b> SIGNATURE DATE <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RICHMOND J 7208 JPARKER SCHOOL ROAD #3 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>52 A Company Street Christiansburg VI 00820</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER BRANDT FRENCHMAN 8208 SW 42nd Ave Gainesville FL 32608 <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	MEMBER Christopher McDowell 361 Morika Place St Augustine FL 32080 <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	MEMBER TIMOTHY DEEGAN 9200 NW 36th Pl Gainesville FL 32606 <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	MEMBER Thomas Doughty 217 19th Street St Augustine FL 32084 <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	MEMBER DANIEL ROACH 957 NW 86th Terr Gainesville FL 32606 <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.					
<b>SIGNATURE: Timothy P Deegan CPA</b>				<b>4/13/05 3523370020</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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