


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-26-2005 90011 003 ****50.00

FILED
Aug 08, 2005 8:00 A.M.
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # L04000023110 | |  |
| 1. Entity Name J R T MARKETING LLC | | |

| | |
|---|---|
| Principal Place of Business 909 HOUSTON STREET PORT ORANGE FL 32127 | Mailing Address 909 HOUSTON STREET PORT ORANGE FL 32127 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 84-1642521 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent THOMPSON, JOHN R 909 HOUSTON STREET PORT ORANGE FL 32127 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| FILE NOW!!! FEE IS \$50.00 | |
| Make Check Payable to Florida Department of State | |
| Due By May 1, 2005 | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMPSON, JOHN R 909 HOUSTON STREET PORT ORANGE FL 32127 <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 | <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: *John R. Thompson* **April 18, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #