

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90159 017 \*\*\*\*50.00

20015215



02052005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000043699</b> 1. Entity Name <b>J&amp;J ENTERPRISES, L.L.C.</b>					
Principal Place of Business 4235 N. LONGVALLEY RD. HERNANDO, FL 34442			Mailing Address 4235 N. LONGVALLEY RD. HERNANDO, FL 34442		
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 02052005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FENNELL, JAMES V</b> <b>4235 N. LONGVALLEY RD.</b> <b>HERNANDO, FL 34442</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE <b>OWNER</b> NAME <b>JEROME SATHAR</b> STREET ADDRESS <b>341 N. BIG OAKS PT.</b> CITY-ST-ZIP <b>LECANO, FL. 34461</b>	<input type="checkbox"/> Change <input checked="" 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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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: <i>James V Fennell</i>			Date: <i>Feb. 21, 2005</i> Daytime Phone #: <i>352 726-5832</i>		