2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-07-2005 90024 030 ****50.00
01-10-2005 90053 003 ****55.00

30000148

01042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000065089

1. Entity Name
J.A. HOWARD GALLERY, LLC

Principal Place of Business
95 PELICAN POINTE DRIVE #201
DEL RAY BEACH, FL 33483

Mailing Address
95 PELICAN POINTE DRIVE #201
DEL RAY BEACH, FL 33483

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 56-2482998 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
HOWARD, JULIE
95 PELICAN POINTE DRIVE #201
DEL RAY BEACH, FL 33483

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: Julie A. Howard
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 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 HOWARD, JULIA 95 PELICAN POINTE DRIVE #201 DEL RAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Julia A. Howard 1/26/05 561-243-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ANNUAL REPORT

DOCUMENT # L04000065089

. Entity Name
J.A. HOWARD GALLERY, LLC

ATTACHMENT
#30000148

[redacted]

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Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM ☐ Delete
NAME: HOWARD, JULIA
STREET ADDRESS: 95 PELICAN POINTE DRIVE #201
CITY-ST-ZIP: DEL RAY BEACH, FL 33483

TITLE ☐ Delete
NAME
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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

JULIA A HOWARD
14561 DAFFODIL DR. APT 1907
FORT MYERS, FL 33919

2028

1/4/05 DATE

68-760/560
BRANCH 06580

PAY TO THE ORDER OF Florida Dept. of State $55.00

Fifty-five dollars 00/100 DOLLARS

Security Features Details on Back.

WACHOVIA
Wachovia Bank, N.A.
www.wachovia.com

FOR 56-2482998 Julia A. Howard MP

[redacted]

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SIGNATURE: Julia A. Howard 1/6/05 561-243-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #