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

DOCUMENT # L04000065089

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

30000148

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

01042005 Chg-LLC CR2E083 (10/03)

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 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 Julia H. 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Julia H. 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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DEL RAY BEACH, FL 33483

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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOWARD, JULIA		NAME		
STREET ADDRESS	95 PELICAN POINTE DRIVE #201		STREET ADDRESS		
CITY-ST-ZIP	DEL RAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
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TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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

2028

1/6/05 DATE

68-760/560
BRANCH 06580

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

Fifty-five dollars 00/100 DOLLARS

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

FOR 56-2482998 Julia A. Howard

[redacted]

©HARLAND 2001

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #