2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L95000000759

1. Entity Name
J & J PROMOTIONS, L.C.

FILED
Jul 09, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
412 PARKSIDE STREET LEHIGH ACRES, FL 33936	412 PARKSIDE STREET LEHIGH ACRES, FL 33936

06302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0660934
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIEFER, DENNIS
412 PARKSIDE STREET
LEHIGH ACRES, FL 33936

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000164729
07/09/04-80001-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KIEFER, JOHN
STREET ADDRESS	412 PARKSIDE STREET
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/5/04 (231) 368-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #