

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 15, 2004 08:00 AM**  
**Secretary of State**

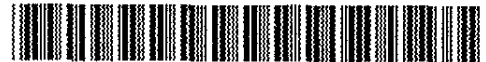
**DOCUMENT # L97000000238**

1. Entity Name  
**JN & EG LIMITED COMPANY**



Principal Place of Business  
**2451 MCMULLEN BOOTH RD  
SUITE 223  
CLEARWATER, FL 33759 US**

Mailing Address  
**2519 MCMULLEN BOOTH ROAD  
SUITE 510-257  
CLEARWATER, FL 33761**



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3433226**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOEL, JERRY M  
2519 MCMULLEN BOOTH ROAD  
SUITE 510-257  
CLEARWATER, FL 33761**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
NOEL, JERRY M  
2519 MCMULLEN BOOTH RD, #510-257  
CLEARWATER, FL 34621**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GONZALEZ, ERNESTO  
3137 OLD POST ROAD  
BALTIMORE, MD 21208**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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01/16/04-80015-024 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/04 712-9395