

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90043 024 \*\*\*\*50.00

**DOCUMENT # L97000000972**

**1. Entity Name**  
**JERICO LAND COMPANY, L.C.**



**Principal Place of Business**  
2210 S. FRONT ST. SUITE 204  
MELBOURNE, FL 32901

**Mailing Address**  
2210 S. FRONT ST. SUITE 204  
MELBOURNE, FL 32901

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-LLC CR2E083 (10/03)

**4. FEI Number**  
59-3467325

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BAILEY, RICHARD A  
419 MELBOURNE AVE.  
INDIALANTIC, FL 32903

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**

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM ☐ Delete  
**NAME** BAILEY, RICHARD A  
**STREET ADDRESS** 419 MELBOURNE AVE.  
**CITY-ST-ZIP** INDIALANTIC, FL 32903

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

**TITLE** MGRM ☐ Delete  
**NAME** SPENCER, MICHAEL E  
**STREET ADDRESS** 4290 COREY RD.  
**CITY-ST-ZIP** VALKARIA, FL 32950

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

**TITLE** MGRM ☐ Delete  
**NAME** KIRBY, CHARLES L  
**STREET ADDRESS** ~~7010 PARLIAMENT PLACE~~  
**CITY-ST-ZIP** ~~LAKELAND, FL 33800~~

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 4145 CREEKWOOD LANE-  
**CITY-ST-ZIP** MULBERRY, FL 33860

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:** *Richard A. Bailey* **RICHARD A. BAILEY** **4-23-04** **(321) 768-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #