


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 040 ****50.00

DOCUMENT # L98000003140 1. Entity Name J.J. STARFIND, L.L.C.			
Principal Place of Business C/O LEO & GLORIA MARTIN 2127 BRICKELL AVE., PH 3602 MIAMI, FL 33129		Mailing Address C/O LEO & GLORIA MARTIN 2127 BRICKELL AVE., PH 3602 MIAMI, FL 33129	
2. Principal Place of Business 6465 SW 84 STREET		3. Mailing Address P.O. BOX 430340	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FLORIDA	
Zip 33143		Zip 33243-0340	
Country U.S.A.		Country USA	
4. FEI Number 65-0891203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, LEO & GLORIA 2127 BRICKELL AVE PH3602 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name BURELL & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 6465 SW 84 STREET City MIAMI FL 33143	
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 X <i>[Signature]</i>		DATE X	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, LEO 2127 BRICKELL AVENUE, PENTHOUSE 3602 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6465 SW 84 STREET MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, GLORIA 2127 BRICKELL AVE PH 3602 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 record or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: X <i>[Signature]</i>		DATE X	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	