


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90129 003 \*\*\*\*50.00

<b>DOCUMENT # L99000000133</b> 1. Entity Name <b>JUST BALLYHOO, LLC</b>					
Principal Place of Business <b>2300 AVE. EAST RIVIERA BEACH FL 33404</b>			Mailing Address <b>28 E 16TH ST RIVIERA BCH FL 33404</b>		
2. Principal Place of Business <b>18 Jer-be-Lou Blvd.</b> Suite, Apt. #, etc. <b>Panacea</b> City & State <b>FL.</b>		3. Mailing Address <b>P.O. Box 447</b> Suite, Apt. #, etc. City & State <b>Panacea, FL.</b>			
Zip <b>32346</b>		Country <b>Wakulla Cty.</b>		Zip <b>32346</b>	
Country <b>Wakulla Cty.</b>		4. FEI Number <b>62-1763781</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VANMUNSTER, RICHARD G 28 EAST 16TH STREET RIVIERA BEACH FL 33405</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGRM</b>	NAME <b>VANMUNSTER, RICHARD G</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>28 EAST 16TH STREET</b>	CITY-ST-ZIP <b>RIVIERA BEACH FL 33405</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>135 Dickson Bay Rd.</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>Panacea, FL. 32346</b>	CITY-ST-ZIP <b>Panacea, FL. 32346</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>		<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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Richard G Van Munster</b>			Date: <b>3-8-04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					