

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L9900000133	
1. Entity Name JUST BALLYHOO, LLC	

Principal Place of Business 2300 AVE. EAST RIVIERA BEACH FL 33404	Mailing Address 28 E 16TH ST RIVIERA BCH FL 33404
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2. Principal Place of Business 18 Jer-be-Lou Blvd. Panacea	3. Mailing Address P.O. BOX 447
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City & State FL.	City & State Panacea, FL.
Zip 32346	Zip 32346
Country Wakulla Cty.	Country Wakulla Cty.



MOORE CR2E083 (11/03)

4. FEI Number 62-1763781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VANMUNSTER, RICHARD G 28 EAST 16TH STREET RIVIERA BEACH FL 33405	7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE 135 Dickson Bay Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANMUNSTER, RICHARD G		NAME Panacea, FL.	
STREET ADDRESS 28 EAST 16TH STREET		STREET ADDRESS 32346	
CITY-ST-ZIP RIVIERA BEACH FL 33405		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 G Van Munster* **3-8-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #