


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 028 ****50.00

DOCUMENT # L99000004787

1. Entity Name
J & M PROPERTIES OF APOLLO BEACH, LLC



Principal Place of Business 907 BUNKER VIEW DRIVE APOLLO BEACH, FL 33572	Mailing Address 907 BUNKER VIEW DRIVE APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3604537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, LOUIS
 907 BUNKER VIEW DRIVE
 APOLLO BEACH, FL 33572**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, LOUIS 907 BUNKER VIEW DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, LINDA DARLENE 907 BUNKER VIEW DRIVE APOLLO BEACH, FL 33572
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Dalziel* **7-20-04** **(813) 641-3353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #