2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90313 028 ****50.00

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1. Entity Name
JMC - BOOKER, L.L.C.

24014760

Principal Place of Business	Mailing Address
3225 S MACDILL AVE SUITE 111 TAMPA, FL 33629	PMB #253 3225 S MACDILL AVENUE, SUITE 129 TAMPA, FL 33629

01262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1700 S. MacDill Ave	1700 S. MacDill Ave.
Suite, Apt. #, etc. Ste. 360	Suite, Apt. #, etc. Ste. 360
City & State Tampa, Florida	City & State Tampa, Florida
Zip / Country 33629	Zip / Country 33629

4. FEI Number
42-1306116
☐ 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
BRYN, MARK J ONE BISCAYNE TOWER, STE 2680 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM CULVERHOUSE, JOY MCCANN 3301 BAYSHORE BLVD TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M, MGR Culverhouse, Joy McCann 1700 S. MacDill Ave, Suite 360 Tampa, Florida 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PURCELL, THOMAS K 3225 S. MACDILL AVE., #129, PBM 253 TAMPA, FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Purcell, Thomas K 1700 S. MacDill Ave., Suite360 Tampa, Florida 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Lynch, Scott D. 1700 S. MacDill Ave., Suite 360 Tampa, Florida 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Bolano, Andres 134 Madiera Avenue Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joy McCann Culverhouse Joy McCann Culverhouse 813-805-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 1-30-04 Daytime Phone #