2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # L99000009113 1. Entity Name TOM-JAC, LLC					04-16-2004 90413 023 ****50.00			
Principal Plac	e of Business	····			240442	10		
Principal Place of Business 911 50 ST. COURT WEST		Mailing Address 911 50 ST. COURT WEST				240442	10	
BRADENTON, FL 34209		BRADENTON, FL 34209		}				
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2. Principal Place of Business		3. Mailing Address			i i i i i i i i i i i i i i i i i i i 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
Suite, Apr. 11, cit.		Suite, 745t. II, are.		03102004	Chg-LLC	CR2E083 (10/0	3)	
City & State		City & State		4. FEI Numb			Applied For	
·				65-097	3521		Not Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	□ \$5.00 / Fee Regu	Additional	
	6 Name and Address of Current	Registered Agent	·	7 Name and	1 Address of New		ireo	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
BLALOCK, LANDERS, WALTERS & VOGLER,P.A.								
	STREET WEST ON, FL 34205	Street Address		ess (P.O. Box Numt	(P.O. Box Number is Not Acceptable)			
DRADENI	ON, FL 34205	•						
			City			□ Zip C	ode	
•					FL			
	e named entity submits this statement to tions of registered agent.	r the purpose of changing its re	egistered office or regi	istered agent, or bo	oth, in the State of F	iorida. I am familiar wi	th, and accept	
(The obligation	tions of registeres agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature red	outend when enterested		DATE		
Filing Fee is \$50.00 Due by May 1, 2004			to Brato, oc. , Ger II a. g. rato. c. rac	doken when tensianist		DATE		
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). D	ue by May 1, 2004			QUREO WHEN TENSIBILITY	Florid	ke check payable to da Department of Si		
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9.	MANAGING MEMBE		10. TITLE	quied when reassamily)	Florid	ke check payable to da Department of Si	ate	
9.	we by May 1, 2004 MANAGING MEMBE	RS/MANAGERS	10.	Quied when reassamily)	Florid	ike check payable to da Department of Si S/CHANGES	ate	
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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 ther my signal 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #