


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001684	
1. Entity Name JSA VENTURES LLC	

Principal Place of Business 557 JOHNSON ROAD COATS, NC 27521	Mailing Address 557 JOHNSON ROAD COATS, NC 27521
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-LLC - CR2E083 (10/03)

4. FEI Number 56-2208089	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 MOOERS, DON L 732 QUEENS HARBOUR BLVD. JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
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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 reappointing)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000119584
04/19/04-80105-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALDRIDGE, JOHN M 557 JOHNSON ROAD COATS, NC 27521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALDRIDGE, SHELIA P 557 JOHNSON ROAD COATS, NC 27521
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-04 (919) 818 1012