


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000022 1. Entity Name JENKINS STARR, LLC	
---	---

Principal Place of Business 70 INDUSTRIAL DR HOLDEN MA 01520	Mailing Address 70 INDUSTRIAL DR HOLDEN MA 01520
--	--

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3541622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, RUTH 4040 IRONWOOD CIRCLE APT 302 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARR, JANET 51 LACONIA ROAD WORCESTER, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORING, ANNETTE 73 LEXINGTON CIRCLE HOLDEN, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARR, CHRISTOPHER L 6 LITTLEFIELD ROAD ACTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000085572
03/11/04-80053-008 50.00
003-4500453-10000000796
DEPOSIT ONLY 50.00
03/11/04-80053-008 *Bar*

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: <i>Robert Starr</i>	3/5/04	508-829-8947
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>