

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000158

1. Entity Name
JOHN A. DOLAN ASSOCIATE, L.L.C.



Principal Place of Business

**160 WEST BROAD ST
GIBBSTOWN, NJ 08027**

Mailing Address

**160 WEST BROAD ST
GIBBSTOWN, NJ 08027**

DO NOT WRITE IN THIS SPACE



02262004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3752425

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOLAN, JOHN A
3206 BELLOWS COURT
MIDDLEBURG, FL 32068**

**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

John A. Dolan **John A. Dolan**

4-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

**000000153239
05/04/04-80117-022 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **DOLAN, JOHN A**
STREET ADDRESS **3206 BELLOWS COURT**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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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:

John A. Dolan **John A. Dolan**

4-22-04

856-468-8636

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

DATE

Daytime Phone #