


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000507 1. Entity Name J & L ENTERPRISES OF WEST MICHIGAN, LLC	
---	---

Principal Place of Business 15989 BAIRD DRIVE SPRING LAKE, MI 49456	Mailing Address 15989 BAIRD DRIVE SPRING LAKE, MI 49456
---	---

DO NOT WRITE IN THIS SPACE



02172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3168961	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 HOLLENBACK, JOHN 9170 BAYBERRY BEND UNIT 204 FORT MYERS, FL 33908

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLENBECK, JOHN 15989 BAIRD DR. SPRING LAKE, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  MGRM **2/24/05** **616-846-3587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #