

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-16-2004 90419 028 ****50.00

DOCUMENT # M03000003252

1. Entity Name

J. COBB REALTY, LLC



Principal Place of Business

20696 NE CR-69-A
BLOUNTSTOWN FL 32424

Mailing Address

20696 NE CR-69-A
BLOUNTSTOWN FL 32424

24045773

2. Principal Place of Business

1004 U.S. Highway 98

3. Mailing Address

P.O. Box 14027

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

MOORE

CR2E083 (11/03)

City & State

MEXICO BEACH, Florida

City & State

MEXICO BEACH, Florida

4. FEI Number

65-1187191

Applied For

Not Applicable

Zip

32410

Country

FLA

Zip

32410

Country

FLA

5. Certificate of Status Desired

☐

\$5.00-Additional
Fee Required

6. Name and Address of Current Registered Agent

MAULDIN, NANCY
20696 NE CR-69-A
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NANCY MAULDIN - Nancy Mauldin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-2004

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME COBB, JAMES W
STREET ADDRESS 207-A WEST MAIN STREET
CITY-ST-ZIP COLQUITT GA 39837

TITLE MGR ☐ Delete
NAME MAULDIN, NANCY
STREET ADDRESS 20696 NE CR-69-A
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES W. COBB - James W. Cobb 2/15/2004 - 850-648-4880

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

Date

Daytime Phone #