


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 12, 2004 08:00 AM**  
**Secretary of State**

|                                      |   |
|--------------------------------------|---|
| <b>DOCUMENT # M97000000219</b>       |  |
| 1. Entity Name<br>JAY HARRIS, L.L.C. |   |

|   |   |
|---|---|
| Principal Place of Business<br>550 SOUTH OCEAN BLVD., APT. 2203<br>BOCA RATON, FL 33432 | Mailing Address<br>550 SOUTH OCEAN BLVD., APT. 2203<br>BOCA RATON, FL 33432 |
|---|---|



01052004 No Chg-LLC

CR2E083 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0737278 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>HARRIS, JAY<br>550 SOUTH OCEAN BLVD., APT. 2203<br>BOCA RATON, FL 33432 |
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**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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>HARRIS, JAY<br>550 SOUTH OCEAN BLVD., APT. 2203<br>BOCA RATON, FL 33432 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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01/13/04-80046-013 55.00

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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)(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: <u>Jay Harris</u>  | Date: <u>1/8/04</u> | Daytime Phone #: <u>561-241-5780</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   |                     |                                      |