


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000012383 1. Entity Name CHARLES D. JENKINS & PATRICIA A. JENKINS LLC	
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Principal Place of Business 8908 DARTMOOR WAY FORT MYERS, FL 33908	Mailing Address 8908 DARTMOOR WAY FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0457037	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

SCOVILL, H. WILLIAM
1605 MAIN STREET STE. 912
SARASOTA, FL 34236

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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, CHARLES D 8908 DARTMOOR WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, PATRICIA A 8908 DARTMOOR WAY FORT MYERS, FL 33908
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05/02/07-80122-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles D. Jenkins Date: 10 Apr 07 2394824530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Charles D. Jenkins