

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032634

Entity Name: JFC DISTRIBUTORS LLC

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

216 ALBRIGHTON COURT
LONGWOOD, FL 32779

New Principal Place of Business:

4650 VAN KLEECK DR
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

216 ALBRIGHTON COURT
LONGWOOD, FL 32779

New Mailing Address:

4650 VAN KLEECK DR
NEW SMYRNA BEACH, FL 32169

FEI Number: 13-4262416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDER, CARL E
216 ALBRIGHTON COURT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

FIELDER, CARL E
4650 VAN KLEECK DR
NEW SMYRNA BEACH, FL 32169 US

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.

SIGNATURE: CARL E. FIELDER

04/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIELDER, CARL E
Address: 216 ALBRIGHTON COURT
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIELDER, CARL E
Address: 4650 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Change (X) Addition
Name: FIELDER, JUDITH A
Address: 4650 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARL E. FIELDER

MGRM

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date