
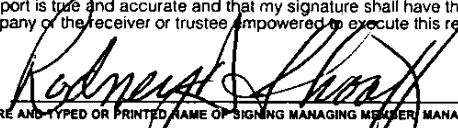


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90039 001 ****50.00

DOCUMENT # L04000070349			
1. Entity Name JEFFERSON-ALLSOPP FINANCIAL GROUP, LLC			
Principal Place of Business 440 SOUTH FLORIDA AVE. LAKELAND, FL 33801		Mailing Address 440 SOUTH FLORIDA AVE. LAKELAND, FL 33801	
2. Principal Place of Business - No P.O. Box # 439 S. Florida Ave.		3. Mailing Address 439 S. Florida Ave.	
Suite, Apt. #, etc. # 201		Suite, Apt. #, etc. # 201	
City & State Lakeland Florida		City & State Lakeland Florida	
Zip 33801	Country USA	Zip 33801	Country USA
6. Name and Address of Current Registered Agent RILEY, STEVEN P 4805 WEST LAUREL STREET SUITE 230 TAMPA, FL 33607		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOAF, RODNEY D 802 HAMILTON PLACE DR. LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLARD, JAMES S III 440 SOUTH FLORIDA AVE LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James S. Pollard III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 439 S. Florida Ave. # 201 Lakeland, Fl. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, HERBERT W 440 SOUTH FLORIDA AVE. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H. Wayne Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 439 S. Florida Ave. # 201 Lakeland, Fl. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, BRANT C 440 SOUTH FLORIDA AVE. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brant C. Martin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 439 S. Florida Ave. # 201 Lakeland, Fl. 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4-24-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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4. FEI Number 20-1672034 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required