

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90315 003 ***138.75

DOCUMENT # L06000062861
 1. Entity Name
 JC LINN OF MIAMI, LLC



Principal Place of Business Mailing Address
 4601 WEST COMANCHE AVENUE 4601 WEST COMANCHE AVENUE
 TAMPA FL 33614 TAMPA FL 33614



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1661 WILLOW BLVD DR. P.O. BOX 270392
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State
 ODESSA, FL TAMPA, FL
 Zip Country Zip Country
 33556 U.S.A. 33688 U.S.A.

4. FEI Number 20-5075839 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SHANNON, JEFFREY C
 FOWLER WHITE BOGGS BANKER P.A.
 501 E. KENNEDY BLVD., SUITE 1700
 TAMPA FL 33602

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 to file if applicable (NOTE: Registered Agent's printing required when changing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JC. LINN ENTERPRISES, LTD. 4601 WEST COMANCHE AVENUE-- TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 270392 TAMPA, FL 33688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey C. Linn 4/1/08 (813) 926-7699
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Current Price