

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L00000000518</b><br>1. Entity Name<br>JRS, LLC |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>6747 TAYLOR ROAD SW<br>REYNOLDSBURG, OH 43068 | Mailing Address<br>6747 TAYLOR ROAD SW<br>REYNOLDSBURG, OH 43068 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04122005No Chg-LLC

CR2E083 (10/03)

4. Felt Number  
52-2215263

Applied Fee  
Not Applicable

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

6. Name and Address of Current Registered Agent

BDB AGENT CO.  
2500 N. MILITARY TRAIL, STE. 480  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

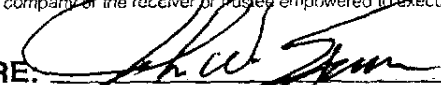
**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                     |                                                                                 |
|--------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>SPENCER, JOHN W<br>5650 INDIAN MOUND COURT<br>COLUMBUS, OH 43213        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>SPENCER, RALPH T<br>2501 HIGHSMITH LANDING LN<br>JACKSONVILLE, FL 32226 |
| 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 |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                 |

**DO NOT WRITE  
IN THIS SPACE**

L000000312402  
04/18/05-80083-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**  **JOHN W SPENCER** 4/12/05 (614) 864-4004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #