


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90376 034 \*\*\*\*50.00

<b>DOCUMENT # L00000009317</b>		
1. Entity Name JUICE SOURCE, L.L.C.		

Principal Place of Business 2090 BARTOW HWY LAKELAND, FL 33801	Mailing Address PO BOX 1614 LAKELAND, FL 33802
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**60039067**

2. Principal Place of Business - No P.O. Box # <b>2128 E EDGEWOOD DR</b>	3. Mailing Address <b>P.O. BOX 1614</b>
Suite, Apt. #, etc. <b>SUITE 109</b>	Suite, Apt. #, etc.
City & State <b>LAKELAND, FLORIDA</b>	City & State <b>LAKELAND FLORIDA</b>
Zip <b>33803</b>	Country <b>USA</b>



04132007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  APLIN, DAVID F 2090 BARTOW HWY LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name <b>APLIN, DAVID F</b> Street Address (P.O. Box Number is Not Acceptable) <b>2128 E EDGEWOOD DRIVE</b> <b>SUITE 109</b> City <b>LAKELAND</b> FL Zip Code <b>33803</b>	
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4. FEI Number <b>59-3659424</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 *David F. Aplin* DATE 4/19/07

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APLIN, DAVID F 2090 BARTOW ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APLIN, DAVID F 2128 E EDGEWOOD DR SUITE 109 LAKELAND FL 33803 <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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: *David F. Aplin* Date 4/19/2007 Daytime Phone # 863-666-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE