

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011933

Entity Name: JILLANN, LLC

FILED  
Jan 26, 2007  
Secretary of State

**Current Principal Place of Business:**

3940 N.W. 16TH BLVD., BLDG. B  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 375399  
GAINESVILLE, FL 326357399

**New Mailing Address:**

FEI Number: 59-3676421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALTER, JAMES D  
3940 N.W. 16TH BLVD., BLDG. B  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LITTLE, ROBERT A  
Address: 3412 S.E. 17TH COURT  
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete  
Name: LITTLE, JILL  
Address: 3412 S.E. 17TH COURT  
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete  
Name: SALTER, JAMES D  
Address: 5719 N.W. 97TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM ( ) Delete  
Name: SALTER, LEE ANN  
Address: 5719 N.W. 97TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES D. SALTER

MGRM

01/26/2007

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