2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000240 1. Entity Name JON KIMMEL, LLC

Principal Place of Business

17723 LAKE ESTATES DRIVE BOCA RATON, FL 33496

Mailing Address

17723 LAKE ESTATES DRIVE BOCA RATON, FL 33496

FILED Feb 22, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

02172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	 •		Applied For	
65-1072642	 		Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional			

6. Name and Address of Current Registered Agent

KIMMEL, JON 17723 LAKE ESTATES DRIVE BOCA RATON, FL 33496

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the purpose of chan tions of registered agent.	nging its registered office or registered agent, or both,	in the State of Floride. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2007	(ACC) providence and called a self-agency confined as the confined and	UNIE		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIMMEL, JON 17723 LAKE ESTATES DRIVE BOCA RATON, FL 33496		U00000643584 03/02/07-80008-004 50.00		
TITLE HAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE