## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000007051

1. Entity Name

THE JARED COMPANY, L.L.C.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 Mailing Address

9031 TOWN CENTER PARKWAY BRADENTON, FL 34202



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1102591 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, DOUGLAS 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202

## 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.		-		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007			UQ0000756716	
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	<del>-05/23/07=80041-011-50.00</del>	
TITLE NAMF, STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DOUGLAS 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE	
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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:

NAME STREET ADDRESS

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4-10 --

941-759-1134

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

Date

Daytime Phone #