2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # L01000007360

1. Entity Name
JUDITH GAP LANDS, LLC

Principal Place of Business	Mailing Address
3185 THOMAS DR. BONIFAY, FL 32425-4239	3185 THOMAS DR. BONIFAY, FL 32425-4239

01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717726
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, JOSEPH H JR.
3185 THOMAS DR.
BONIFAY, FL 32425-4239

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JERNIGAN, JOSEPH H
STREET ADDRESS	31385 THOMAS DR
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: Joseph H. Jernigan Jr. 1-24-07 (850)547-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOSEPH H. JERNIGAN JR.