2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015787

1. Entity Name

J & J MULTISERVICES, L.L.C.



Principal Place of Business

764 WEST LUMSDEN ROAD BRANDON, FL 33511

Mailing Address

764 WEST LUMSDEN ROAD BRANDON, FL 33511 FILED
May 02, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3744152

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

6. Name and Address of Current Registered Agent

JONES, MORRIS 764 WEST LUMSDEN ROAD BRANDON, FL 33511

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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 | MGR |
| NAME | JONES, MORRIS |
| STREET ADDRESS | 764 WEST LUMSDEN ROAD |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | MGR |
| NAME | JONES, VALENCIA |
| STREET ADDRESS | 764 WEST LUMSDEN ROAD |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | MGR |
| NAME | JONES, BEATRICE |
| STREET ADDRESS | 764 WEST LUMSDEN ROAD |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| THILE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| C:TY-ST-ZIP | |

U00000757939 05/23/07-80048-025 50.00

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11. I hereby certify that the information supplied with this filling 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:

THE HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

813-662-0888

Daytime Phone #