### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L02000006866**

1. Entity Name JEC, LLC



FILED Mar 06, 2008 08:00 Al Secretary of State

Principal Place of Business

956 POMPANO DRIVE JUPITER, FL 33458 Mailing Address

PO BOX 3719

TEQUESTA, FL 33469



03032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0304659 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BENAIM, MONROE 956 POMPANO DRIVE JUPITER, FL 33458

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| 8. | b. 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. the obligations of registered agent. | I am familiar with, and accept |
|----|--|--------------------------------|
| S  | SIGNATURE  |                                |

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>BENAIM, MONROE N<br>956 POMPANO DRIVE<br>JUPITER, FL 33458   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE  NAME STREET ADDRESS CITY-ST-ZIP         |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | ,   |
| TITLE NAME STREET ADDRESS CITY+ST;-ZIP         |   |
| 11. I hereby                                   | certify that the information supplied with this filling does not qualify for the export is true and accurate and that my signature shall have the sai |

U00000849592 03/21/08-80025-022 138.75

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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:

Memor Senus

3/4/08

561743-4029

Date

Daytime Phone #