


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90072 040 \*\*\*138.75

<b>DOCUMENT # L02000029446</b>	
1. Entity Name <b>JUMPER CREEK WATER COMPANY, LLC</b>	

Principal Place of Business <b>33202 FAIRWAY ROAD LEESBURG, FL 34788</b>	Mailing Address <b>33202 FAIRWAY ROAD LEESBURG, FL 34788</b>
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**50007909**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>702 East Michigan Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Mt. Pleasant, Mi</b>	
Zip	Country	Zip <b>48858</b>	Country <b>United States</b>

06192008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>13-4220667</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CHRISTENSEN, GERALD K 33202 FAIRWAY ROAD LEESBURG, FL 34788</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FOX, JAMES S 702 E MICHIGAN ST MOUNT PLEASANT, MI 48858</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** James S. Fox **June 19, 2008** **989-773-3460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

50007909

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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** L02000029446

**Business Entity Name** JUMPER CREEK WATER COMPANY, LLC

**Original File Date** 11/04/2002

**FEI Number** 13-4220667

**Principal Address** 33202 FAIRWAY ROAD  
LEESBURG, FL 34788

**Mailing Address** 33202 FAIRWAY ROAD  
LEESBURG, FL 34788

702 East Michigan  
Mt. Pleasant, MI 48858

**Registered Agent** GERALD K CHRISTENSEN  
33202 FAIRWAY ROAD  
LEESBURG, FL 34788

### Managing Member/Manager Name And Address

MGRM  
JAMES S FOX  
702 E MICHIGAN ST  
MOUNT PLEASANT, MI 48858

- ☒ **After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes