

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034545

Entity Name: JCOL, LLC

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

3552 SW CORPORATE PARKWAY
PALM CITY, FL 34990

New Principal Place of Business:

2500 S KANNER HWY.
SUITE 1
STUART, FL 34994

Current Mailing Address:

3552 SW CORPORATE PARKWAY
PALM CITY, FL 34990

New Mailing Address:

2500 S KANNER HWY.
SUITE 1
STUART, FL 34994

FEI Number: 06-1672214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLINS, JAMES T
Address: 3552 SW CORPORATE PKWY.
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: COLLINS, JULI
Address: 3552 SW CORPORATE PKWY.
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: COLLINS, JOAN
Address: 3552 SW CORPORATE PKWY.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLLINS, JAMES T
Address: 2500 S KANNER HWY. - SUITE 1
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: COLLINS, JULI
Address: 2500 S FEDERAL HWY. - SUITE 1
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: COLLINS, JOAN
Address: 2500 S FEDERAL HWY. - SUITE 1
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 T. COLLINS

MGR

04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date