

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000034565

**FILED**  
**Oct 25, 2005**  
**Secretary of State**

**Entity Name:** JENKINS & ASSOCIATES, LLC

**Current Principal Place of Business:**

4415 FLORIDA NATIONAL DR.  
107  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4415 FLORIDA NATIONAL DR.  
107  
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number:** 52-2388925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD, SHAJUANIA J BROKER  
837 CIMARRON COURT  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

HOWARD, SHAJUANIA J BROKER  
4798 SOUTH FLORIDA AVENUE  
171  
LAKELAND, FL 33813 US

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: SHAJUANIA J. HOWARD

10/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOWARD, SHAJUANIA J  
Address: 837 CIMARRON COURT  
City-St-Zip: LAKELAND, FL 33813 US

Title: VP ( ) Delete  
Name: STEPHENS, CHAUNCEY A MR.  
Address: 1075 WINDING BROOK WAY  
City-St-Zip: FAIRBURN, GA 30213 US

Title: SEC. ( ) Delete  
Name: STEPHENS, NATALIE C MS.  
Address: 2642 LITTLE HILL COVE # 310  
City-St-Zip: OVIEDO, FL 32765 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOWARD, SHAJUANIA J  
Address: 4798 SOUTH FLORIDA AVE. #171  
City-St-Zip: LAKELAND, FL 33813 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MMB ( ) Change (X) Addition  
Name: STEPHENS, ALDORA B MS  
Address: 837 CIMARRON COURT  
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHAJUANIA J. HOWARD

MGR

10/25/2005

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