

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90306 031 \*\*\*138.75

<b>DOCUMENT # L03000002395</b> 1. Entity Name <b>JACK F. STEPHENSON, L.C.</b>					
Principal Place of Business <b>24420 SANDHILL BLVD, #103 PUNTA GORDA, FL 33983</b>			Mailing Address <b>24420 SANDHILL BLVD, #103 PUNTA GORDA, FL 33983</b>		
2. Principal Place of Business - No P.O. Box # <b>24430 Sandhill Blvd</b>		3. Mailing Address 		  01072008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc. <b>Ste. 303</b>		Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL</b>		City & State			
Zip <b>33983</b>		Country <b>United States</b>			
4. FEI Number <b>59-3783632</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>STEPHENSON, JACK F 24420 SANDHILL BLVD, #103 PUNTA GORDA, FL 33983</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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENSON, JACK F 24420 SANDHILL BLVD, #103 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b>  <b>4/14/08</b> <b>941 766 8028</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					