


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000012383</b> 1. Entity Name <b>CHARLES D. JENKINS &amp; PATRICIA A. JENKINS LLC</b>	
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Principal Place of Business <b>8908 DARTMOOR WAY FORT MYERS, FL 33908</b>	Mailing Address <b>8908 DARTMOOR WAY FORT MYERS, FL 33908</b>
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>51-0457037</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOVILL, H. WILLIAM  
1605 MAIN STREET STE. 912  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, CHARLES D 8908 DARTMOOR WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, PATRICIA A 8908 DARTMOOR WAY FORT MYERS, FL 33908
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U00000724699  
05/02/07-80122-012 50.00

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:** *Charles D. Jenkins* *10 Apr 07 2394824530*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Charles D. Jenkins*