

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015528

FILED
Jan 17, 2007
Secretary of State

Entity Name: JUDGMENT ENFORCEMENT COMPANY, L.L.C.

Current Principal Place of Business:

108 N. MAGNOLIA AVE.
319
OCALA, FL 34475

New Principal Place of Business:

108 N. MAGNOLIA AVE.
321
OCALA, FL 34475

Current Mailing Address:

108 N. MAGNOLIA AVE.
319
OCALA, FL 34475

New Mailing Address:

108 N. MAGNOLIA AVE.
321
OCALA, FL 34475

FEI Number: 57-1164571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT D
954 EAST SILVER SPRINGS BLVD., SUITE 101
OCALA, FL 34470 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: MGRM () Delete
Name: DILL, SR., P. WAYNE
Address: 108 N. MAGNOLIA AVE. SUITE 319
City-St-Zip: OCALA, FL 34475

Title: MGRM () Delete
Name: DILL, RENAE W
Address: 108 N MAGNOLIA AVE SUITE 319
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DILL, SR., P. WAYNE
Address: 108 N. MAGNOLIA AVE. SUITE 321
City-St-Zip: OCALA, FL 34475

Title: MGRM (X) Change () Addition
Name: DILL, RENAE W
Address: 108 N MAGNOLIA AVE SUITE 321
City-St-Zip: OCALA, FL 34475 US

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: P.WAYNE DILL, SR

MGRM

01/17/2007

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