2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # L03000018736 1. Entity Name 04-05-2007 90029 014 ****50.00 JELT, LLC Principal Place of Business Mailing Address 6753 GARDEN ROAD P.O. BOX 10845 SUITE 109 RIVIERA BEACH FL 33419--084 RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6753 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Su; Le City & State City & State Applied For 4. FEI Number 01-0789323 Divise n Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 33407 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHIGHAM, FRANK C Street Address (P.O. Box Number is Not Acceptable) 200 W. FIRST ST. SUITE 22 SANFORD FL 32771 Zip Code City 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 ije ii applicable. d name of registered ag (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. HILE HILE MGRM ☐ Delete ☐ Change Addition NAME BURNEY, JR., JAMES L DIRECTO NAM STREET ADDRESS 6753 GARDEN RD, SUITE 109 STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP **RIVIERA BEACH FL 33404** ☐ Delete ☐ Change Addition THIL MGRM NAME NAMI OLSON, TODD DIRECTO STREET ADDRESS STREET ADDRESS 6753 GARDEN RD SUITE 109 CITY-ST-ZIP CITY - ST- 7IP RIVIERA BEACH FL 33404 . Delcie-DILE THEF. 🖃 Change - 🔚 Addition NAM INMAN, ERIC DIRECTO NAME STREET ADDRESS STREET ADDRESS 6753 GARDEN RD SUITE 109 CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 TITLE ☐ Delete TITLE Change Addition MGRM BURNEY, LANCE DIRECTO STREET ADDRESS 6753 GARDEN RD SUITE 109 STREET ADDRESS CITY-ST-ZIP RIVIÈRA BEACH FL 33404 CHY-ST-ZIP ☐ Delete Change HILE 11111 ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-7IP ☐ Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CHY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR

COMPL

FILED

3/25/07