## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan\_11, 2007 08:00 AM
Secretary of State

DOC	Ш	MENT	`#L	0300	0023570

1. Entity Name
JIMMY'S AUTO, LLC



Principal Place of Business

1500 E WASHINGTON ST MONTICELLO, FL 32344 Mailing Address

1500 E WASHINGTON ST MONTICELLO, FL 32344



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1601350 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

1500 E. W	ND, JIMMY IASHINGTON ST LLO, FL 32344		DO NOT WRITE IN THIS SPACE			
- 0. The ab- :-	<u> </u>		for all to a wish			
the obligat	named entity submits this statement for the purpose of changing its tions of registered agent	registered office or registered agent, or t	ooth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature typed or printed name of registered agent and tate if applicable (NOTE	Registered Agent signature required when reinstating)	Agent signature required when reinstating) DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
NAME STREET ADDRESS. CITY-ST-ZIP	MGR TOWNSEND, JIMMY 1500E, WASHINGTON ST. MONTICELLO, FL 32344	WASHINGTON ST. CELLO, FL 32344				
THTLE NAME STREET ADDRESS CHY-ST-ZIP			000000583088 01/11/07-80058-004 50.00			
TITLE NAME STREET ADDRESS CHY-SI-ZIP		DC	NOT WRITE			
NAME SIREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		i				

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:

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-07

Daytime Phone #