


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90048 037 \*\*\*\*\*50.00

<b>DOCUMENT # L03000024437</b> 1. Entity Name <b>J &amp; T HOLDINGS, L.L.C.</b>					
Principal Place of Business <b>101-A BUSINESS CENTRE DR. DESTIN, FL 32550</b>			Mailing Address <b>101-A BUSINESS CENTRE DR. DESTIN, FL 32550</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PERRY, AMY A ESQ. 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name Sra <b>Neese, Herman L. Jr.</b> <b>101-A Business Centre Drive</b> <b>Destin, FL 32550</b> City <b>FL</b>	
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 <i>Herman L. Neese Jr.</i> DATE <b>4/26/05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAIG, JONATHAN J		NAME		
STREET ADDRESS	1086 LONGWOOD DRIVE		STREET ADDRESS		
CITY- ST- ZIP	WOODSTOCK, GA, GA 30189		CITY- ST- ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL, ALAN M		NAME		
STREET ADDRESS	101-A BUSINESS CENTRE DR.		STREET ADDRESS		
CITY- ST- ZIP	DESTIN, FL 32550		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Herman L. Neese Jr.</i>		Authorized Rep. <i>4/26/05</i>		8502692678	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	