

FILED
Mar 24, 2006 8:00 am
Secretary of State

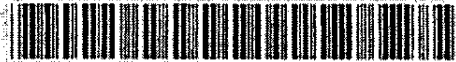
03-24-2006 90218 020 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000024437 1. Entity Name J & T HOLDINGS, L.L.C.	
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Principal Place of Business 101-A BUSINESS CENTRE DR. DESTIN, FL 32550	Mailing Address 101-A BUSINESS CENTRE DR. DESTIN, FL 32550
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20020383



01052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2674813	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NEESE, HERMAN L JR 101 A BUSINESS CENTRE DRIVE DESTIN, FL 32550
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FLAIG, JONATHAN J 1086 LONGWOOD DRIVE WOODSTOCK, GA, GA 30189
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM O'NEAL, ALAN M 101-A BUSINESS CENTRE DR. DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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:  **Herman L. Neese, Jr., Authorized Rep.** **850-269-2678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #