2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Jun 26, 2006 8:00 am **Secretary of State** DOCUMENT # L03000036395 · 1. Entity Name 06-26-2006 90272 001 ****55.00 JECLUBE LTD., CO. Principal Place of Business Mailing Address 121 N 14TH STREET 33910 SILVER PINE DR LEESBURG FL 34748 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address 181 N. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 34748 38-3724085 eesburg Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTTS, CHRISTINA S Street Address (P.O. Box Number is Net Acceptable) 33910 SILVER PINE DR LEESBURG FL 34788 FRUITAND PK 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition ASPINWALL, JOHN D NAME NAME STREET ADDRESS 36005 TIMBERTOP LANE STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP TITLE ☐ Delete TITLE TQ-Change ☐ Addition NAME BUTTS, ELLIOTT D NAME STREET ADDRESS 828 BERRYHILL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 TITLE Delete MGR TITLE Change Addition NAME BUTTS, CHRISTINA S NAME STREET ADDRESS 828 BERRYHILL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP るみてるり LEESBURG FL 34788 Fru TITLE MGRM Delete TITLE 16 R ☐ Addition NAME LANE, JOHN H NAME STREET ADDRESS 36005 TIMBERTOP LN STREET ADDRESS CITY-ST-7IP FRUITLAND PARK FL 34731 CITY-ST-ZIP MGRM MGB TITLE TITLE ☐ Detete La Change ☐ Addition NAME LANE, FRANCES L NAME 36005 TIMBERTOP LN STREET ADORESS STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change 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 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.

RIStina S. Butts 6/19/06

FILED