

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039492

1. Entity Name
JTI, LLC



Principal Place of Business
140 ODIN DRIVE
WINTER HAVEN, FL 33884

Mailing Address
P.O. BOX 607
WAVERLY, FL 33887



02092005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2411308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, MARK G
255 MAGNOLIA AVE., S.W.
WINTER HAVEN, FL 33880

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JACKSON, CARL R JR
STREET ADDRESS	P.O. BOX 607
CITY-ST-ZIP	WAVERLY, FL 33877
TITLE	MGRM
NAME	TURNER INVESTMENTS, LTD.
STREET ADDRESS	P.O. BOX 2295
CITY-ST-ZIP	WINTER HAVEN, FL 338832295
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001240088
02/25/05-80027-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark G. Turner

MARK G. TURNER 2/23/2005 (863)293-1184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

as President of Turner Management Services Corp, a Florida corporation, as General Partner of
Turner Investments, LTD, a Florida Limited Partnership, as Member