
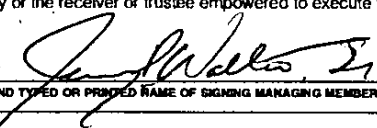


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90193 015 *****50.00

DOCUMENT # L03000052534 1. Entity Name J&T LLC					
Principal Place of Business C/O JERRY PRINCE WALTON, SR. 193 NURSERY ROAD MONTICELLO, FL 32344			Mailing Address C/O JERRY PRINCE WALTON, SR. 193 NURSERY ROAD MONTICELLO, FL 32344		
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				7. Name and Address of New Registered Agent	
PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	GOULD, WILLIAM T		NAME		
STREET ADDRESS	193 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	WALTON, JERRY P SR.		NAME		
STREET ADDRESS	193 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
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: 			2/9/05 850-510-0083		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					