2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Nam	JTH, L.L.C.		Secretary of State	
460 SOUTH I ENGLEWOOD	INDIANIA AVENUE 460 SOUTH INDIANIA AVENUE D, FL 34223 ENGLEWOOD, FL 34223			
DO NOT WRITE IN THIS SPA		CE	04062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent DICKINSON, ROBERT A 460 SOUTH INDIANIA AVENUE ENGLEWOOD, FL 34223			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 Filling Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME	MANAGING MEMBERS/MANAGERS MGRM DICKINSON, ROBERT A ESQ.			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	460 S. INDIANA AVE. ENGLEWOOD, FL 34223		09/25/05-80070-013 50.00	
TITLE NAME STREET ADORESS CITY+ST-ZIP		### 1984 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	DO NOT WRITE	
NAME NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
IIILE NASAR				

11. I nereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

URE: FRANK B. CHAPPELL JR 4/22/0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WANTED MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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