


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000056070</b> 1. Entity Name <b>JOHN P COOKSEY LLC</b>	
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Principal Place of Business <b>205 OMA RD MONTICELLO, FL 32344</b>	Mailing Address <b>P O BOX 5 LLOYD, FL 32337</b>
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**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0542881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COOKSEY, JOHN P  
205 OMA RD  
MONTICELLO, FL 32344**

**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: *John P Cooksey*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when re-registering.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COOKSEY, JOHN P 205 OMA RD MONTICELLO, FL 32344</b>
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05/23/07-80021-011 50.00

**DO NOT WRITE  
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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: *John P Cooksey*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

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