2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90088 044 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000056306

1. Entity Name
JJT ENTERPRISES, LLC

Principal Place of Business
1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD
HUDSON, FL 34667 US

Mailing Address
1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD
HUDSON, FL 34667 US

2. Principal Place of Business - No P.O. Box #
13910 FIVAY ROAD
Suite, Apt. #, etc.
SUITE #16
City & State
HUDSON FL
Zip 34667 Country PASCO

3. Mailing Address
13910 FIVAY ROAD
Suite, Apt. #, etc.
SUITE #16
City & State
HUDSON FL
Zip 34667 Country PASCO

4. FEI Number 20-1115568 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREWS, JACQUELINE L
13820 LITTLE ROAD
HUDSON, FL 34667

7. Name and Address of New Registered Agent
Name: JACQUELINE L. ANDREWS
Street Address (P.O. Box Number is Not Acceptable): 13910 FIVAY ROAD
SUITE #16
City: HUDSON FL Zip Code: 34667

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: J L Andrews — REGISTERED AGENT — 1-22-07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	ANDREWS, TREVOR	NAME	ANDREWS, TREVOR
STREET ADDRESS	1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD	STREET ADDRESS	13910 FIVAY ROAD, SUITE #16
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	HUDSON FL 34667
TITLE	MGRM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNDAY, JOANNE L	NAME	
STREET ADDRESS	1 FAIRWAY OAKS PLAZA, 13820 LITTLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME		NAME	MUNDAY, JOANNE L
STREET ADDRESS		STREET ADDRESS	13910 FIVAY ROAD, SUITE #16
CITY-ST-ZIP		CITY-ST-ZIP	HUDSON FL 34667
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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 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: J L Munday — MANAGING MEMBER — 1/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #