

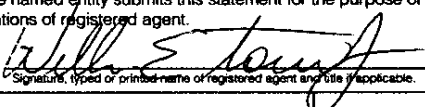
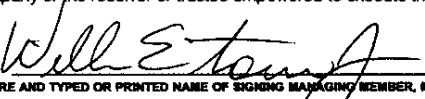


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:17

DOCUMENT # L04000000498					
1. Entity Name JERTOW, LLC					
Principal Place of Business 2504 N WILDER LOOP PLANT CITY, FL 33565			Mailing Address 2504 N WILDER LOOP PLANT CITY, FL 33565		
2. Principal Place of Business 2621 Brookside Bluff Loop Suite, Apt. #, etc.		3. Mailing Address 2621 Brookside Bluff Loop Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-3332438	
Zip 33813		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWER, WILLIAM E JR 2504 N WILDER LOOP PLANT CITY, FL 33565			7. Name and Address of New Registered Agent Name: Tower, William E. Jr. Street Address (P.O. Box Number is Not Acceptable): 2621 Brookside Bluff Loop City: Lakeland FL Zip Code: 33813		
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:  DATE: 4-4-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWER, WILLIAM E 2504 NORTH WILDER LOOP PLANT CITY, FL 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tower, William E Jr. 2621 Brookside Bluff Loop Lakeland, FL 33813	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 			4-4-06		863-944-0799
William E. Tower, Jr.			Date		Daytime Phone #