


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 011 \*\*\*139.00

<b>DOCUMENT # L04000001187</b> 1. Entity Name JOHN CHILDRESS L.L.C.	
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Principal Place of Business 5697 SUNBEAM ST. MILTON, FL 32570	Mailing Address 5697 SUNBEAM ST. MILTON, FL 32570
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 47-0935857	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CHILDRESS, JOHN M 5697 SUNBEAM ST. MILTON, FL 32570
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**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 M. Childress DATE 4/29/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHILDRESS, GINA C 5697 SUNBEAM ST. MILTON, FL 32570
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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: Gina C. Childress DATE 4/29/08 DAYTIME PHONE # 850-288-0972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE