2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # L04000006594 03-01-2006 90227 009 ****50.00 1. Entity Name JC-KIMCO, LLC Principal Place of Business Mailing Address 3051 CREOLE WAY 3051 CREOLE WAY PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0635806 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEROUSE, CHERRY 3051 CREOLE WAY PENSACOLA FL 32526 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 regimered agent. (NOTE: Registered Agent signature require) when reinstativa) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR - OWNER - SOIE PROPRIETOR | Delete TITLE ☐ Change ☐ Addition TITLE NAME SHEROUSE, CHERRY STREET ADDRESS STREET ADDRESS 3051 CREOLE WAY CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP ☐ Change fitt F ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME HAME STREET AMORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition Delete TITLE NAM? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP nn s Delete ☐ Change Addition NAME HAME 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 Section 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.

FILED

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

JC-KIMCO, LLC 3051 CREOLE WAY PENSACOLA, FL 32526

Subject: JC-KIMCO, LLC

Reference Number:

L04000006594

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh ANNUAL REPORTS SECTION