2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # L04000006594

1. Entity Name
JC-KIMCO, LLC



FILED Mar 30, 2007 08:00 AM Secretary of State

Principal Place of Business

3051 CREOLE WAY PENSACOLA, FL 32526 Mailing Address

3051 CREOLE WAY PENSACOLA, FL 32526



DO NOT WRITE IN THIS SPACE

01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0635806

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SHEROUSE, CHERRY 3051 CREOLE WAY PENSACOLA, FL 32526

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.	Signature, typed or printed hyme of registered agent and talle if applicable.	(NOTE: Registered Agent signature required when reinstating)	3/27/07 DATE/07
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEROUSE, CHERRY 3051 CREOLE WAY PENSACOLA, FL 32526		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UOOOOO683777 04/06/07-80006-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3127107

850-451-9195

Daytime Phone #