


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90020 046 ****55.00

DOCUMENT # L04000010264 1. Entity Name JOSEPH JOLLEY LLC					
Principal Place of Business 1701 LEE RD, APT 447N WINTER PARK, FL 32789			Mailing Address 1701 LEE RD, APT 447N WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 703 Ashford Oaks Dr.		3. Mailing Address 703 Ashford Oaks Dr.			
Suite, Apt. #, etc. Apt # 202		Suite, Apt. #, etc. Apt # 202			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL			
Zip 32714		Country US		Zip 32714	
Country US		4. FEI Number 55-0857503			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOLLEY, JOSEPH 1701 LEE RD, APT 447N WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Jolley Joseph Street Address (P.O. Box Number is Not Acceptable) 703 Ashford Oaks Dr. Apt # 202 City Altamonte Springs FL Zip Code 32714		
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 <u>Joseph F. Jolley</u> DATE <u>1/10/07</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOLLEY, JOSEPH 1701 LEE RD, APT 447N WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jolley, Joseph 703 Ashford Oaks Dr. Apt # 202 Altamonte Springs FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph F. Jolley</u> <u>Joseph F. Jolley</u> <u>1/10/07</u> <u>407-739-7396</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					