
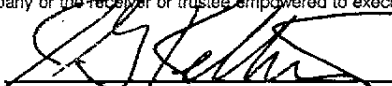


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000014752		
1. Entity Name J AND S, LLC		
Principal Place of Business 11520 OSPREY LANDING WAY FT. MYERS, FL 33908	Mailing Address 11520 OSPREY LANDING WAY FT. MYERS, FL 33908	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELTNER, JACOB G 11520 OSPREY LANDING WAY FT. MYERS, FL 33908		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELTNER, JACOB G 11520 OSPREY LANDING WAY FT. MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YARBROUGH, CHARLES 758 EAST COUNTY HOME ROAD UNION CITY, TN 38261	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/16/2006
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0721097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

1100000393504
01/25/06-80023-021 50.00