


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CR1169

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 024 ****50.00

DOCUMENT # L04000015058	
1. Entity Name J & L LLC	

Principal Place of Business 59 SHADOW LANE LAKELAND, FL 33813 US	Mailing Address 59 SHADOW LANE LAKELAND, FL 33813 US
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2. Principal Place of Business - No P.O. Box # 60 SHADOW LANE	3. Mailing Address P.O. Box 924
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND, FL	City & State LAKE ALFRED, FL
Zip 33813	Zip 33850
Country U.S.A	Country U.S.A



04072007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent GREENE, LEE MICHAEL 60 SHADOW LANE LAKELAND, FL 33813	
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4. FEI Number 20-0784818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
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 registered agent.	
SIGNATURE <i>James A. Bailey</i>	DATE 4/6/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, LEE 60 SHADOW LANE LAKELAND, FL 33813 <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	MGRM BRILEY, JAMES 430 S RAMONA AVE LAKE ALFRED, FL 33850 <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
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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: <i>James A. Bailey</i>	DATE 4/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	