2007. LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000025784 1. Entity Name JIMMY LAMB LLC Principal Place of Business 8711 BUD SPENCE RD TALLAHASSEE, FL 32317 BK O7 SEC TALL O5072 4. FEIN 48-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

OT MAY - 7 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



05072007 No Chg-LLC

CR2E083 (11/05)

8505905876

Daytime Phone #

Date

4. FEI Number	 Applied For
48-1275661	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent Lamb, Jimmy DO NOT WRITE 8711 BUD SPENCE RD BK TALLAHASSEE, FL 32317 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LAMB, JIMMY NAME STREET ADDRESS 8711 BUD SPENCE RD 900102194849 05/11/07--01007--003 **50.00 CITY-ST-7IP TALLAHASSEE, FL 32317 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.