

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000029455**

1. Entity Name  
JENA INVESTORS, LLC



Principal Place of Business  
2040 NORTHWEST 67TH PLACE  
GAINESVILLE, FL 32653

Mailing Address  
2040 NORTHWEST 67TH PLACE  
GAINESVILLE, FL 32653



01122007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1011117	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRUTCHER, KEITH A  
2040 NORTHWEST 67TH PLACE  
GAINESVILLE, FL 32653

**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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOONER MANAGEMENT COMPANY, INC. 2040 NW 67TH PL GAINESVILLE, FL 32653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, HERBERT & MARY 10108 SW 44TH LANE GAINESVILLE, FL 32608
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, JOSE PO BOX 651 MICANOPY, FL 33267
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000662834  
03/21/07-80030-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*Keith A. Crutcher*

*2/23/07*

*352/264-7181*

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

Date

Daytime Phone #