2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000035209

1. Entity Name
JOSE A. ILDEFONSO, JR LLC



Apr 15, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

8034 FILSON ST.

WEEKI WACHEE, FL 34613-6200

8034 FILSON ST.

WEEKI WACHEE, FL 34613-6200



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 73-1692741 Applied For Not Applicable

5. Certificate of Status Desired

Y

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ILDEFONSO, JOSE A JR 8043 FILSON ST. 8034 - See Above + Below * WEEKI WACHEE, FL 34613

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE IN THIS SPACE

8.	I. 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.		
۸.	NAME: USE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOWI!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGR ILDEFONSO, JOSE A JR 8034 FILSON ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

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:

ED OR PRINTED NAME OF SIGNING MANAGINGING

3-31-08

(352)592-6759

Daytime Phone #