2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000035820

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JUL 24 PM 2:57

1. Entity Name

JS REDINGTON INVESTMENTS, LLC

507191900080
07-06-2007 90088 001 ***500.00

Principal Place of Business	Mailing Address
THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	C/O ERNEST L. MASCARA, P.A. 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG FL 33701 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1950 Lake Ave S.E.	1950 Lake Ave S.E.
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.: #B
City & State: Largo, FL	City & State: Largo, FL
Zip: 33771 Country: Pinellas	Zip: 33771 Country: Pinellas

4. FEI Number 20-2544330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARLOW, MAHLON H ESQ. 100 S. ASHLEY DRIVE SUITE 2150 TAMPA, FL 33602 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 acce[pt] 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1950 Lake Ave S.E. #B Largo, FL 33771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GIANFILIPPO, STEVEN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ACharles / April Charles 5-1-07 (727) 581-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #