

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000036695**

1. Entity Name  
**JR-N-JR, LLC**



Principal Place of Business  
**625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756**

Mailing Address  
**625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756**



01062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1117324**

Applied For  
Not Applicable

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

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

**PAIKOFF, NANCY S  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756**

**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  
SHIMBERG, JAMES H JR  
1912 ARDSLEY STREET  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PAIKOFF, NANCY S  
625 COURT ST., SUITE 200  
OLDSMAR, FL 34677**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHIMBERG, ROBERT A  
3214 W. FOUNTAIN BLVD.  
TAMPA, FL 33609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SHIMBERG, RICHARD E  
10101 LAKE COVE LANE  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KNUST, JANET S  
4603 W ESTRELLA  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000641108  
02/28/07-80095-004 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:** S. Paikoff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-16-2007  
Date

Daytime Phone #

727-  
444-  
1407