2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036695



FILED Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90042 044 ***138.75

1. Entity Nam JR-N-JR,										
Principal Place 625 COURT S CLEARWATER	STREET, SUIT	E 200	Mailing Address 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756			60	001181			
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E	083 (12/06	5)
City & State			City & State	City & State		4. FEI Numb 20-111				Applied Fo
Zip		Country	Zip	Country			of Status Desired		\$5.00 A Fee Requi	
	6. Name a	and Address of Current	Registered Agent	 			Address of New R	egistered	Agent	
	RT STREET	, SUITE 200			Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	ATER, FL 3	33756							T - 0	
				City	_			FL	Zip Co	
	ions of registe		or the purpose of changing its	registered offi		·	th, in the State of Flo	orida. 1 am	familiar wit	h, and acc
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			V No. 10 12				Make check payable to Florida Department of State			
9.		MANAGING MEMBI	ERS/MANAGERS	10.		}	ADDITIONS/	CHANGES	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		G, JAMES H JR SLEY STREET _ 33629	☐ Delete	TITLE NAME STREET ADDA CITY-ST-ZIP	ESS	•			☐ Change	e 🗌 Ad
TITLE NAMESTREET ADDRESS CITY-ST-ZIP	MGRM PAIKOFF, NANCY S 625 COURT ST., SUITE 200 OLDSMAR, FL 34677		☐ Delete	TITLE NAME STREET ADDR	ESS				☐ Chang	e □ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIMBERG, ROBERT A 3214 W. FOUNTAIN BLVD. TAMPA, FL 33609		☐ Delete	TITLE NAME STREET ADDR	ESS				☐ Change	e 🗌 Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		G, RICHARD E E COVE LANE _ 33618	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				☐ Changi	e □ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNUST, JANET S 4603 W ESTRELLA TAMPA, FL 33629		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			inía Ct. 33629		Change	e 🗖 Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				☐ Change	e 🗌 Ad

^{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.