2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036695

Entity Name: JR-N-JR, LLC

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 COURT STREET, SUITE 200 625 COURT STREET CLEARWATER, FL 33756 SUITE 200

CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

625 COURT STREET, SUITE 200 625 COURT STREET

CLEARWATER, FL 33756 SUITE 200

CLEARWATER, FL 33756

FEI Number: 20-1117324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SHIMBERG, JAMES H JR
 Name:

 Address:
 1912 ARDSLEY STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 PAIKOFF, NANCY S
 Name:
 PAIKOFF, NANCY S

 Address:
 625 COURT ST., SUITE 200
 Address:
 625 COURT ST., SUITE 200

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 CLEARWATER, FL 33756

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SHIMBERG, ROBERT A
 Name:

 Address:
 3214 W. FOUNTAIN BLVD.
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SHIMBERG, RICHARD E
 Name:

 Address:
 10101 LAKE COVE LANE
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KNUST, JANET S
 Name:

 Address:
 3416 S VIRGINIA CT
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NANCY S. PAIKOFF MGRM 04/05/2009