

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000038327

1. Entity Name

JEFFERSON INVESTMENT GROUP, LLC



**FILED**  
**Jun 08, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

20732 CHARING CROSS CIRCLE  
ESTERO FL 33928

20732 CHARING CROSS CIRCLE  
ESTERO FL 33928



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3793106

Applied For

Not Applicable

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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

ORTEGA, JOSE RAUL  
20732 CHARING CROSS CIRCLE  
ESTERO FL 33928

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 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

**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 MGR ☐ Delete  
NAME ORTEGA, JOSE RAUL  
STREET ADDRESS 20732 CHARING CROSS CIRCLE  
CITY-STATE-ZIP ESTERO FL 33928

☐ Change ☐ Addition  
NAME U000000766077  
STREET ADDRESS 06/08/07-80003-002 55.00  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-STATE-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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:

*Laura Ortega* LAURA ORTEGA

6/4/07 (239) 948-5832

Date

Daytime Phone #