## **2008 LIMITED LIABILITY COMPANY**

STREET ADDRESS

SIGNATURE:

JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## Apr 18, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L04000044224 1. Entity Name JL HÖLDINGS, LLC Principal Place of Business Mailing Address PO BOX 1128 4105 MAIN AVENUE EATON PARK, FL 33840 EATON PARK, FL 33801 04082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2182161 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GOODWIN, JAMES W DO NOT WRITE 201 N. FRANKLIN STREET **SUITE 2000** IN THIS SPACE TAMPA, FL 33602 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 (NOTE: Registered Agent signature required when reinstating) 000000907862 05/06/08-80005-016 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LITTLE, JOSEPH K NAME PO BOX 1128 STREET ADDRESS CITY-ST-ZIP EATON PARK, FL 33840 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

W HON AGER

863-665-3615

**FILED**