

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049171

Entity Name: JR SOUTHERN VENTURES, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

3 MAYWOOD CT.
ST. JAMES, NY 11780 US

New Principal Place of Business:

12217 WEST LINEBAUGH AVE
TAMPA, FL 33626 US

Current Mailing Address:

3 MAYWOOD CT.
ST. JAMES, NY 11780 US

New Mailing Address:

FEI Number: 20-1452533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANDLER, LOU
18520 GRAND CLUB DRIVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

REHM, JAMES
10005 CEDARDUNE RD
TAMPA, FL 33624 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: JAMES REHM

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REHM, JAMES M
Address: 3 MAYWOOD CT.
City-St-Zip: ST. JAMES, NY 11780 US

Title: MGRM () Delete
Name: REHM, JASON
Address: 3 MAYWOOD CT.
City-St-Zip: ST. JAMES, NY 11780 US

Title: MGRM () Delete
Name: REHM, JONATHAN
Address: 3 MAYWOOD CT.
City-St-Zip: ST. JAMES, NY 11780 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES REHM

MBR

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date