2007 LIMITED LIABILITY COMPARY ANNUAL REPORT

DOCUMENT # L04000050637

1. Entity Name

JT ENTERPRISES LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

16401 AVILA BLVD. TAMPA, FL 33613 Mailing Address

16401 AVILA BLVD. TAMPA, FL 33613



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAGGART, JOSEPH W SR. 16401 AVILA BLVD. TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

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 Fiorida.	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

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TAGGART, JOSEPH W 16401 AVILA BLVD TAMPA, FL 33613
TITLE NAME STREET AODRESS CITY-SI-ZIP	M TAGGART, JOSEPH E 3705 W GRANADA ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en de visit de la companya de la com

U00000631953 02/21/07-80002-013 50.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

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

1/31/09

813-349-8380

Daytima Phone ●