2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

L04000057716 FILED **DOCUMENT # L04000057716** 07 JUN -4 PH 3:56 JP-SÉRVICE-REPAIR, LLC TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1114 SWANSON DRIVE 1114 SWANSON DRIVE DELTONA FL 32738 DELTONA, FL 32738 03122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4 FFI Number Applied For 51-0518079 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERKINS, JAMES R DO NOT WRITE 1114 SWANSON DRIVE DELTONA, FL 32738 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 Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and blie if applicable. (NOTE: Registered Agent signature required when remutating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM MILE PERKINS, JAMES R MAME 1114 SWANSON DRIVE STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 ITLE MGRM. matthew B. Perkins NAME 1114 Swanson Dr STREET ADDRESS Deltong FL 32738 CITY-ST-78 TITLE KAMP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IME IN THIS SPACE NAME STREET ADORESS CITY-ST-74P TITLE

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 exacute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME

STREET ADORESS CITY-ST-ZP... TITLE NAME STREET ADDRESS CITY-ST-ZIP

O MEMBER, OR AUTHORIZED REPRESENTATIVE

407-448-8686

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