


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90030 048 ****55.00

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|--|--|---|---|---|--|
| DOCUMENT # L04000058035 1. Entity Name J.J.C., LLC | | | |  | |
| Principal Place of Business 1166 WEST OSCEOLA PARKWAY KISSIMMEE, FL 34741 | | | Mailing Address 1166 WEST OSCEOLA PARKWAY KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent ADRA, JEANNE 3126 HOUNDSWORTH CT #206 ORLANDO, FL 32837 | | | | 7. Name and Address of New Registered Agent Name Jeanne Adra Street Address (P.O. Box Number is Not Acceptable) 13815 Osprey Nest lane # 62 City Orlando FL Zip Code 32837 | |
| 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) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADRA, JEANNE 3126 HOUNDSWORTH CT #206 ORLANDO, FL 32837 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Adra, Jeanne 13815 Osprey Nest lane # 62 Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CELESTINO, JULIA 13840 OSPREY LINKS RD # 205 ORLANDO, FL 32837 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Celestino, Julia 13882 Osprey link Rd #74 Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Jeanne Adra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>3-13-2006</u> <u>407-344-1225</u> <small>Date Daytime Phone #</small> | | |