

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 013 ****50.00

DOCUMENT # L04000058209

1. Entity Name
JRH-ONE, LLC



Principal Place of Business
940 N. FERNCREEK AVENUE
ORLANDO, FL 32803 US

Mailing Address
940 N. FERNCREEK AVENUE
ORLANDO, FL 32803 US

2. Principal Place of Business
660 Cox Rd

3. Mailing Address
660 Cox Rd

Suite, Apt. #, etc.
Suite 6

Suite, Apt. #, etc.
Suite 6

City & State
Cocoa, FL

City & State
Cocoa, FL

Zip Country
32926 USA

Zip Country
32926 USA

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1458185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSMAN, KURT E
5043 WINWOOD WAY
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNS, CARL E JR ☐ Delete
STREET ADDRESS 940 N. FERNCREEK AVENUE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE MGR
NAME RAY, LARRY T ☐ Delete
STREET ADDRESS 940 N. FERNCREEK AVENUE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager
NAME Johns, Carl E. Jr. ☒ Change ☐ Addition
STREET ADDRESS 660 Cox Rd, Ste 6
CITY-ST-ZIP COCOA FL 32926

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Carl E. Johns*

4/5/06

(321) 638-0301