

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059342

FILED
Jul 28, 2007
Secretary of State

Entity Name: JAGO FURNITURE DISTRIBUTORS, LLC.

Current Principal Place of Business:

40 S MAGNOLIA AVE
OCALA, FL 34474

New Principal Place of Business:

2400 SW COLLEGE ROAD #204
OCALA, FL 34471

Current Mailing Address:

819 N.E. 42ND TERRACE
OCALA, FL 34470

New Mailing Address:

402 NW 35TH STREET
OCALA, FL 34475

FEI Number: 75-3165574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BLANCHARD, DOCK A ESQUIRE
4 S.E. BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOCKEWITZ, BILL
Address: 819 N.E. 42ND TERRACE
City-St-Zip: Ocala, FL 34470

Title: MGR () Delete
Name: KALININ, ADRIAN
Address: 819 N.E. 42ND TERRACE
City-St-Zip: Ocala, FL 34470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOCKEWITZ, BILL
Address: 402 NW 35TH STREET
City-St-Zip: Ocala, FL 34475

Title: MGR (X) Change () Addition
Name: KALININ, ADRIAN
Address: 402 NW 35TH STREET
City-St-Zip: Ocala, FL 34475

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: BILL BOCKEWITZ

MGR

07/28/2007

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