2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061358

Entity Name: JES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12939 175TH RD N JUPITER, FL 33478 US	1197 SW GALVIN RD. PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:	**New Mailing Address:**
12939 175TH RD N JUPITER, FL 33478 US	1197 SW GALVIN RD. PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-1551411   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
EVENSON, STACY P 12939 175TH RD N JUPITER, FL 33478 US	EVENSON, STACY P 1197 SW GALVIN RD. PORT SAINT LUCIE, FL 34953 US

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: _____ 04/14/2007
          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	EVENSON, STACY P	Name:	EVENSON, STACY P
Address:	12939 175TH RD N	Address:	1197 SW GALVIN RD.
City-St-Zip:	JUPITER, FL 33478 US	City-St-Zip:	PORT SAINT LUCIE, FL 34953 US

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	EVENSON, JOHN E	Name:	EVENSON, JOHN E
Address:	12939 175TH RD N	Address:	1197 SW GALVIN RD.
City-St-Zip:	JUPITER, FL 33478 US	City-St-Zip:	PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STACY P EVENSON   MGRM   04/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date