2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065445

1. Entity Name
JLO, LLC

Principal Place of Business	Mailing Address
6066 SABAL CROSSING COURT PORT ORANGE, FL 32128	6066 SABAL CROSSING COURT PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1993228	Not Applicable

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

6. Name and Address of Current Registered Agent

OLINGER, RONALD W
6066 SABAL CROSSING COURT
PORT ORANGE, FL 32128

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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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	OLINGER, RONALD W
STREET ADDRESS	6066 SABAL CROSSING COURT
CITY-ST-ZIP	PORT ORANGE, FL 32128

TITLE	MGR
NAME	OLINGER, JUDITH L
STREET ADDRESS	6066 SABAL CROSSING COURT
CITY-ST-ZIP	PORT ORANGE, FL 32128

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05/11/06-80129-003 50.00

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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: _Judith L. Olinger_   4/26/06   (386) 679-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #