

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000065445 | |
| 1. Entity Name JLO, LLC | |
| Principal Place of Business 6066 SABAL CROSSING COURT PORT ORANGE, FL 32128 | Mailing Address 6066 SABAL CROSSING COURT PORT ORANGE, FL 32128 |



04042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 20-1993228 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent OLINGER, RONALD W 6066 SABAL CROSSING COURT PORT ORANGE, FL 32128 | DO NOT WRITE IN THIS SPACE |
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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, 2007**

U000000700406
04/20/07-80016-012 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OLINGER, RONALD W 6066 SABAL CROSSING COURT PORT ORANGE, FL 32128 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OLINGER, JUDITH L 6066 SABAL CROSSING COURT PORT ORANGE, FL 32128 |
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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Judith Olinger
4/9/07 (386) 756-4167
Date Daytime Phone #