


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


<b>DOCUMENT # L04000065634</b> 1. Entity Name JERICHO ROAD, LLC	
---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -1 AM 9:42

Principal Place of Business <del>10030 MAGNOLIA POINTE</del> FORT MYERS, FL 33919	Mailing Address <del>1870 CLAYTON CT</del> 10030 MAGNOLIA POINTE FORT MYERS, FL 33919
---	--

1870 CLAYTON CT  
FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**

  
04052006 No Chg-LLC CR2E083 (11/05)

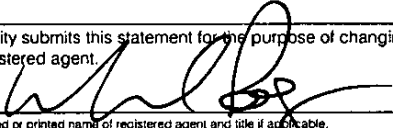
4. FEI Number 20-1572682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLY, MICHAEL  
10030 MAGNOLIA POINTE  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/5/06

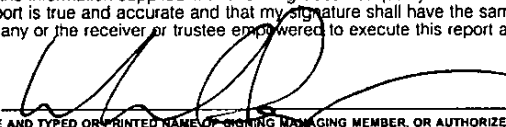
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIMES, DENNIS L 10030 MAGNOLIA POINTE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLY, MICHAEL L 10030 MAGNOLIA POINTE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700070804957  
04/18/06--01041--001 \*\*75.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/5/06 239 689 7600  
Date Daytime Phone #