

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065680

Entity Name: JERNIGAN FAMILY, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

520 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

520 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 20-1579437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JERNIGAN, JACK  
520 NORTH MAIN STREET  
CRESTVIEW, FL 32536 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: MGRM ( ) Delete  
Name: TRACEY, BETHEA  
Address: 307 VAUGHAN STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR ( ) Delete  
Name: AUTREY, APRIL L  
Address: 520 N MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Delete  
Name: LANCASTER, JILL  
Address: 191 ADAMS DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Delete  
Name: JERNIGAN, JAN  
Address: 1226 WILDCLIFF PKWY  
City-St-Zip: ATLANTA, GA 30324

Title: MGRM ( ) Delete  
Name: JERNIGAN, GEORGE  
Address: 5091 ANTIOCH ROAD  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM ( ) Delete  
Name: JERNIGAN, JENNY  
Address: 4910 OLD BEACH RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JERNIGAN, JACK C  
Address: 520 N MAIN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM (X) Change ( ) Addition  
Name: LANCASTER, JILL  
Address: PO BOX 631  
City-St-Zip: VALPARAISO, FL 32580

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACK JERNIGAN

MGRM

04/30/2009

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