


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066902 1. Entity Name J & N OF OCHLOCKONEE LLC	
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Principal Place of Business 1446 RACHEL LANE TALLAHASSEE, FL 32308	Mailing Address PO BOX 13671 TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1661496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, TERRY C 1446 RACHEL LANE TALLAHASSEE, FL 32308
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, BRUCE 245 RIO VISTA DRIVE SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NELSON, TERRY C 1446 RACHEL LANE TALLAHASSEE, FL 32308
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05/13/06-80107-017 50.00

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: Janie Johnson **JANIE JOHNSON** 4/24/06 850-524-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #