2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 18, 2008 08:00 All Secretary of State DOCUMENT # L04000066902 1. Entity Name J & N OF OCHLOCKONEE LLC Principal Place of Business Mailing Address 1446 RACHEL LANE PO BOX 13671 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317 04102008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1661496 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NELSON, TERRY C** DO NOT WRITE 1446 RACHEL LANE TALLAHASSEE, FL 32308 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 U0000009065 /U 'US,/US-8UUU3-111 (1 MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME JOHNSON, BRUCE STREET ADDRESS 245 RIO VISTA DRIVE CITY-ST-ZIP SOPCHOPPY, FL 32358 TITLE NAME NELSON, TERRY C STREET ADDRESS 1446 RACHEL LANE CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplies 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 employeed to execute this leport as required by Chapter 608, Florida Statutes.

MBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

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