
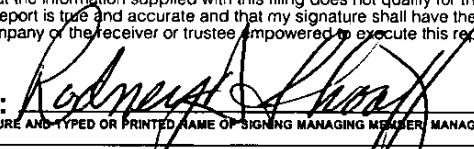


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90039 001 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000070349</b><br>1. Entity Name<br><b>JEFFERSON-ALLSOPP FINANCIAL GROUP, LLC</b>  |  |  |  |                |  |
| Principal Place of Business<br><b>440 SOUTH FLORIDA AVE.<br/>LAKELAND, FL 33801</b>  |  |  | Mailing Address<br><b>440 SOUTH FLORIDA AVE.<br/>LAKELAND, FL 33801</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>439 S. Florida Ave.</b>   |  | 3. Mailing Address<br><b>439 S. Florida Ave.</b>                             |  |   |  |
| Suite, Apt. #, etc.<br><b># 201</b>  |  | Suite, Apt. #, etc.<br><b># 201</b>  |  |   |  |
| City & State<br><b>Lakeland Florida</b>  |  | City & State<br><b>Lakeland Florida</b>                                      |  | 4. FEI Number<br><b>20-1672034</b>  |  |
| Zip<br><b>33801</b>  |  | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RILEY, STEVEN P<br/>4805 WEST LAUREL STREET<br/>SUITE 230<br/>TAMPA, FL 33607</b>  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>                 |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SHOAF, RODNEY D<br>802 HAMILTON PLACE DR.<br>LAKELAND, FL 33813                              | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>POLLARD, JAMES S III<br>440 SOUTH FLORIDA AVE<br>LAKELAND, FL 33801                          | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WILSON, HERBERT W<br>440 SOUTH FLORIDA AVE.<br>LAKELAND, FL 33801                            | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MARTIN, BRANT C<br>440 SOUTH FLORIDA AVE.<br>LAKELAND, FL 33801                              | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>James S. Pollard III</b><br><b>439 S. Florida Ave. # 201</b><br><b>Lakeland, FL 33801</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>H. Wayne Wilson</b><br><b>439 S. Florida Ave. # 201</b><br><b>Lakeland, FL 33801</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>Brant C. Martin</b><br><b>439 S. Florida Ave. # 201</b><br><b>Lakeland, FL 33801</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>_____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>_____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  |  | <b>4-24-2007</b><br><small>Date Daytime Phone #</small>   |  |