

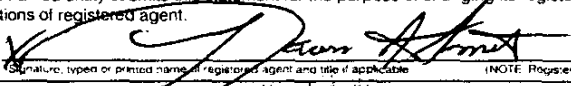
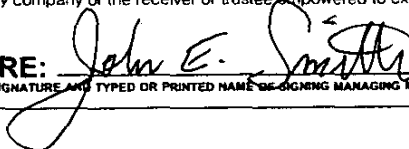


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 034 ***138.75

| | | | |
|--|--|---|---|
| DOCUMENT # L04000070641 1. Entity Name JES PLANTATION ROAD, LLC | |  | |
| Principal Place of Business 58 KILBOURN RD. ROCHESTER, NY 14618 US | | Mailing Address 58 KILBOURN RD. ROCHESTER, NY 14618 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | |  | |
| 01162008 Chg-LLC CR2E083 (12/06) | | FEI Number NOT APPLICABLE 09-0407620 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907 | | 7. Name and Address of New Registered Agent Name SMITH, LAWRENCE J. Street Address (P.O. Box Number is Not Acceptable) 14206 DEVINGTON WAY City FORT MYERS FL Zip Code 33912 | |
| 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 re-registering) DATE 2/20/08 | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMITH, JOHN E 58 KILBOURN ROAD ROCHESTER, NY 14618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  JOHN E. SMITH | | Date 2-18-08 Phone # 585-350-8275 | |