

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073912

Entity Name: JEF COR, LLC

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

136 DEER LAKE DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

136 DEER LAKE DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 34-2025932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

FALLON SR, JEFFREY M MR
136 DEER LAKE DR.
PONTE VEDRA BEACH, FL 32082 US

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: JEFFREY M. FALLON SR

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FALLON, JEFFREY
Address: 136 DEER LAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FALLON SR, JEFFREY
Address: 136 DEER LAKE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR () Change (X) Addition
Name: FALLON, MARIA A MS
Address: 136 DEER LAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY M. FALLON

PRES

01/07/2005

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