

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073912

Entity Name: JEF COR, LLC

FILED
Jan 03, 2007
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR () Delete
Name: FALLON, JR., JEFFREY M MR.
Address: 136 DEER LAKE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SR.

MGRM

01/03/2007

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