

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

Just FILED  
May 03, 2007 08:00 A  
ma Secretary of State

150.5

DOCUMENT # L04000075459

1. Entity Name  
J & T ENTERPRISE, LLC



Principal Place of Business  
3737 GOLDEN ACRE CIRCLE  
CRESTVIEW, FL 32539 US

Mailing Address  
P. O. BOX 992  
CRESTVIEW, FL 32536 US



01262007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1761472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAMPBELL, VICTOR L  
3737 GOLDEN ACRE CIRCLE  
CRESTVIEW, FL 32539

**DO NOT WRITE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAMPBELL, VICTOR L
STREET ADDRESS	3737 GOLDEN ACRE CIRCLE
CITY-ST-ZIP	CRESTVIEW, FL 32539

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05/24/07-80067-006 50.00

**DO NOT WRITE  
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_