

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076106

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** JRS DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

1629 RIVERS ROAD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

1629 RIVERS ROAD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 16-1711892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEAGUE & JESPERSON, P.A.  
3955 RIVERSIDE AVENUE, SUITE 100  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

JESPERSON, GORDON O ESQ  
1279 KINGSLEY AVENUE  
SUITE 118  
ORANGE PARK, FL 32073 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:** GORDON O JESPERSON

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** BARKSDALE, KENNETH L  
**Address:** 1629 RIVERS ROAD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** KENNETH BARKSDALE

MGR

05/01/2007

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