2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000076141 01-31-2006 90025 018 ****50.00 J & C ENTERPRISES, LLC Principal Place of Business Mailing Address **305 VALLEY DRIVE 305 VALLEY DRIVE** LONGWOOD, FL 32779-3441 US LONGWOOD, FL 32779-3441 US 2. Principal Place of Business 120 Palachs Court 3. Mailing Address /20 /=/act/s Co-st Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For ongares Longwied 34-2021630 Not Applicable Zip* Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code 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 Sgnetture, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS θ. ADDITIONS/CHANGES 10. MGRM TITLE Change Delete TITLE ☐ Addition MCLAUGHLIN, JOHN C NAME 120 Palmetta Court STREET ADVINESS 305 VALLEY DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 327793441 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Addition CHARNAS, CHRIS NAME NAME STREET ADDRESS 309 BRANTLEY CLUB PLACE STREET ADDRESS CTY-ST-7/2 LONGWOOD, FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MCLAUGHLIN, MARNE NAME NAME 120 Polmetto Court STREET ADDRESS STREET ADDRESS 305 VALLEY DRIVE CITY-ST-ZIP LONGWOOD, FL 327793441 CITY-ST-ZIP गाग ह MGRM ☐ Delete TITLE ☐ Change ■ Addition CHARNAS, JEANNE NAME NAME 309 BRANTLEY CLUB PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-7/P TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 26/06 407-496-7451 SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE,

FILED

Jan 31, 2006 8:00 am