


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

8905 FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000082009 1. Entity Name J AND Z ENTERPRISE, LLC	
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Principal Place of Business 9702 GLEN POINTE DRIVE RIVERVIEW, FL 33569	Mailing Address 9702 GLEN POINTE DRIVE RIVERVIEW, FL 33569
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01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1735149	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEIGLER, GEORGE 9702 GLEN POINTE DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEIGLER, JACQUELINE 9702 GLEN POINTE DRIVE RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000629379 02/16/07-80054-007 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **2.6.07** **813-671-1685**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #