## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083321

1. Entity Name
J & J CLENNEY, L.L.C.

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

507 SOUTH YOUNG AVENUE AVON PARK, FL 33825

Mailing Address

POST OFFICE BOX 6909 AVON PARK, FL 33826



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLENNEY, JANICE B 507 SOUTH YOUNG AVENUE AVON PARK, FL 33825

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| SIGNATURE_                            | Sydnosure B. Stennes Sydnosure in and little if applicable                | (NOTE: Registered Agent signature required when reinstating) | 1-17-07<br>DATE                          |
|---------------------------------------|---|--|--|
| Fi<br>D                               | iling Fee is \$50.00<br>ue by May 1, 2007                                 |  | U00000594621<br>01/23/07-80008-003 50.00 |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>CLENNEY, JERIL R<br>507 SOUTH YOUNG AVENUE<br>AVON PARK, FL 33825 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLENNEY, JANICE B 507 SOUTH YOUNG AVENUE AVON PARK, FL 33825         |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | DO   | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | IN   | THIS SPACE                               |
| TITLE NAME STREET ADDRESS             |   |  |  |

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

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:   | Janice B. | Clenner | MGRM | 1-17-07 | 863 453 6909    |
|--|-----------|---------|------|---------|-----------------|
| SIGNATURE AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE |           |         |      | Date    | Daytime Phone ≢ |
|  |           |         |      |         |                 |