

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084775

Entity Name: JJ & CHOW, L.L.C.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

14990 BLACKBIRD LANE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

14990 BLACKBIRD LANE  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

RANDOLPH, MICHAEL D ESQ.  
1619 JACKSON STREET  
FORT MYERS, FL 33901 US

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

RANDOLPH, MICHAEL D ESQ.  
2235 FIRST STREET  
FORT MYERS, FL 33901 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: MICHAEL D. RANDOLPH

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHOW, JOHNNY C  
Address: 14990 BLACKBIRD LANE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM ( ) Delete  
Name: CHOW, JENNIFER  
Address: 14990 BLACKBIRD LANE  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES:**

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

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: JOHNNY C. CHOW

MGRM

05/01/2007

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