

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087272

Entity Name: JHN, L.L.C.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

32 BURT PINE LOOP
SAINT MARKS, FL 32355

New Principal Place of Business:

10163 SANDYROCK LANE
TALLAHASSEE, FL 32305

Current Mailing Address:

PO BOX 716
SAINT MARKS, FL 32355

New Mailing Address:

10163 SANDYROCK LANE
TALLAHASSEE, FL 32305

FEI Number: 00-0472601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMMON, JEREMIAH R SR
32 BURNT PINE LOOP
SAINT MARKS, FL 32355 US

Name and Address of New Registered Agent:

HAMMON, JEREMIAH R SR
10163 SANDYROCK LANE
TALLAHASSEE, FL 32305 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: NANCY J. HAMMON

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMMON, NANCY J
Address: PO BOX 716
City-St-Zip: ST. MARKS, FL 32353

Title: MGRM () Delete
Name: HAMMON, JEREMIAH R SR
Address: PO BOX 716
City-St-Zip: ST. MARKS, FL 32355

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMMON, NANCY J
Address: 10163 SANDYROCK LANE
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM (X) Change () Addition
Name: HAMMON, JEREMIAH R SR
Address: 10163 SANDYROCK LANE
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY J. HAMMON

MGRM

04/12/2006

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