


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**


06-08-2006 90171 019 \*\*\*\*50.00

<b>DOCUMENT # L04000088494</b> 1. Entity Name <b>JON VINING ENTERPRISES, LLC</b>	
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Principal Place of Business <b>10647 SE 95TH TERR BELLEVIEW, FL 34420</b>	Mailing Address <b>10647 SE 95TH TERR BELLEVIEW, FL 34420</b>
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2. Principal Place of Business <b>3811 NE 22nd Ave</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Ocala, FL 34479</b>	City & State		
Zip <b>34479</b>	Country <b>Marion</b>	Zip	Country



03212006    Chg-LLC    CR2E083 (11/05)

6. Name and Address of Current Registered Agent  <b>VINING, JON R 10647 SE 95TH TERR BELLEVIEW, FL 34420</b>	7. Name and Address of New Registered Agent Name <b>JON R VINING</b> Street Address (P.O. Box Number is Not Acceptable) <b>3811 NE 22nd Ave</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34479</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINING, JON R		NAME	VINING, JON R.	
STREET ADDRESS	10647 SE 95TH TERR		STREET ADDRESS	3811 NE 22nd Ave	
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP	Ocala, FL 34479	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINING, STACY A		NAME	VINING, Stacy A.	
STREET ADDRESS	10647 SE 95TH TERR		STREET ADDRESS	3811 NE 22nd Ave	
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP	Ocala, FL 34479	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:       03-21-06      352-454-9184

Date      Daytime Phone #

ATTACHMENT

20097155

**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if *different* from preprinted address.
- Affix postage on reverse side and mail.

Document #

L04000088494

JON VINING ENTERPRISES, LLC  
~~10047 SE 93TH TERR~~  
~~BELLEVIEW FL 34426-3579~~  
3811 N.E. 22<sup>nd</sup> AVE.  
OCALA, FL. 34479

