

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90047 044 ****50.00

DOCUMENT # L04000091358																										
1. Entity Name JLN VENTURES, LLC																										
Principal Place of Business 1906 SIESTA DRIVE, SUITE 300 SARASOTA, FL 34239			Mailing Address 1906 SIESTA DRIVE, SUITE 300 SARASOTA, FL 34239																							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country		04182005 Chg-LLC CR2E083 (10/03)																					
4. FEI Number 20-2132118				Applied For ☐ Not Applicable																						
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">RADOVICH, KENT</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">5586 MERRIMAC DR.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2">SARASOTA</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td>34231</td> </tr> </table>			Name	RADOVICH, KENT					Street Address (P.O. Box Number is Not Acceptable)	5586 MERRIMAC DR.					City	SARASOTA		FL	Zip Code	34231			
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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. <table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE </td> <td style="width:30%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width:30%; text-align: center;">DATE</td> </tr> </table>						SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE																		
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Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State																						
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES																							
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				Date: 5/26/05 941-266-9896																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																										