


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90347 021 ****50.00

DOCUMENT # L05000010342 1. Entity Name J2 DEVELOPMENT, LLC																																																																																																																	
Principal Place of Business 17 LONGWOOD DRIVE SHALIMAR, FL 32579			Mailing Address 17 LONGWOOD DRIVE SHALIMAR, FL 32579																																																																																																														
2. Principal Place of Business - No P.O. Box # 102 Sunset Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 343 Suite, Apt. #, etc.																																																																																																															
City & State Shalimar FL Zip 32579		City & State Shalimar FL Zip 32579		4. FEI Number 20-2287658																																																																																																													
Country Okaloosa		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent FLEET, H. BART, ESQ. 1104 EGLIN PARKWAY SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 re-registering) _____ DATE _____																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NABORS, JAMES E II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 LONGWOOD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHALIMAR, FL 32579</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NABORS, JAMES E III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>230 COUNTRY CLUB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHALIMAR, FL 32579</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P.O. Box 343</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Shalimar, FL 32579</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P.O. Box 343</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Shalimar, FL 32579</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	NABORS, JAMES E II		STREET ADDRESS	17 LONGWOOD DRIVE		CITY-ST-ZIP	SHALIMAR, FL 32579		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	NABORS, JAMES E III		STREET ADDRESS	230 COUNTRY CLUB ROAD		CITY-ST-ZIP	SHALIMAR, FL 32579		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	P.O. Box 343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Shalimar, FL 32579		STREET ADDRESS			CITY-ST-ZIP			TITLE	P.O. Box 343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Shalimar, FL 32579		STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/30/07 850/651-2066 Date Daytime Phone #																																																																																																													

James E. Nabors