## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000010342

1. Entity Name
J2 DEVELOPMENT, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

102 SUNSET LANE SHALIMAR, FL 32579 Mailing Address

PO BOX 343 SHALIMAR, FL 32579



04142008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number	Applied For
20-2287658	Not Applicable
	\$5.00 Additional

6. Name and Address of Current Registered Agent

FLEET, H. BART ESQ. 1104 EGLIN PARKWAY SHALIMAR, FL 32579 DO NOT WRITE
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A STATE OF THE POST OF THE PARTY OF THE

	amed entity submits this statement for the purpose of chars of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	gnature, typed or printed name of registered agent and little if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE N After May 1	IOW!!! FEE IS \$138.75 I, 2008 Fee will be \$538.75	-	000000910645 05/07/08-80009-004 138.75
9.	MANAGING MEMBERS/MANAGERS		

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM .			
NAME	NABORS, JAMES E II			
STREET ADDRESS	PO BOX 343			
CITY-ST-ZIP	SHALIMAR, FL 32579			
TITLE	MGRM			
NAME	NABORS, JAMES E III			
STREET ADDRESS	PO BOX 343			
CITY-ST-ZIP	SHALIMAR, FL 32579			
TITLE				
NAME				
STREET ADDRESS	<u>,</u>			
CITY-S1-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP	<u> </u>			
TITLE				
NAME				
STREET ADDRESS				
CITY+ST-ZIP				
11   hereby c	11 Thereby certify that the information supplied with this filling does not qualify for the ex-			

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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, OR AUTHORIZED REPRESENTATIVE

4/17/08

850/651-2066