## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000016869

SIGNATURE:

## FILED May 07, 2008 8:00 am Secretary of State 05-07-2008 90017 001 \*\*\*138.75

Daytime Phone #

Date

1. Entity Nar JEOPA	INTING LLC						
Principal Plac	ce of Business	Mailing Address	•	7			
130 DEER CREEK RD HAVANA, FL 32333  2. Principal Place of Business - No P.O. Box #		130 DEER CREEK RD HAVANA, FL 32333					
		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc.		03032008 Chg-LLC CR2E083 (12/06)			
City & State		City & State		4. FEI Number Applied For 03-0556673 Not Applicate			
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ODOM, JERRY E 130 DEER CREEK RD HAVANA, FL 32333				Street Address (P.O. Box Number is Not Acceptable)			
			City	FL   Zip Code			
	ations of registered agent.		e registered office or regis				
	E NOW!!! FEE IS \$138.75 by 1, 2008 Fee will be \$538.	75		Make check payable to Florida Department of State			
9.		IBERS/MANAGERS	10.	ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	ODOM, JERRY E		NAME				
CTOCCT ADDDCCO	120 DEED ODEEV DD		CTOCCT ADDDCCC				

After May	1, 2008 Fee will be \$538.75			Florida Department of State		
			···			
9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODOM, JERRY E 130 DEER CREEK RD HAVANA, FL 32333	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ODOM, DEBRA D 130 DEER CREEK ROAD HAVANA, FL 32333	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
NAMESTREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLENAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
11. I hereby	certify that the information supplied with t	his filing does not qualify fo	r the exemptions contained in (	Chapter 119, Florida Statutes. I further certify that the inform	mation	

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE