


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90027 040 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000018856	
1. Entity Name JOAL, L.L.C.	

Principal Place of Business 3789 CHANTICLEER COURT TALLAHASSEE, FL 32311	Mailing Address 3789 CHANTICLEER COURT TALLAHASSEE, FL 32311
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2. Principal Place of Business <i>1355 Market St.</i>	3. Mailing Address <i>3640 Pine Tip Road</i>
Suite, Apt. #, etc. <i>A-11</i>	Suite, Apt. #, etc.

City & State <i>Tallahassee, FL</i>	City & State <i>Tallahassee, FL</i>
Zip <i>32312</i>	Zip <i>32312</i>
Country <i>Leon</i>	Country <i>Leon</i>

6. Name and Address of Current Registered Agent  PADGETT, TIMOTHY D ESQ 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Susan Hugunin</i> <i>Susan Hugunin</i>	Date <i>4-26-06</i> Daytime Phone # <i>850-224-2924</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	