

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023549

Entity Name: J & V ASSOCIATES, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

201 BAXTER CT
TALLAHASSEE, FL 32312

New Principal Place of Business:

P.O. BOX 38591
TALLAHASSEE, FL 32315

Current Mailing Address:

201 BAXTER CT
TALLAHASSEE, FL 32312

New Mailing Address:

P.O. BOX 38591
TALLAHASSEE, FL 32315

FEI Number: 20-2461138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

LEWIS, VALERIE
1825 ATLANTIS PLACE
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: VALERIE LEWIS

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BELL, WALTER
Address: 7905 NW 20 STREET
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: LEWIS, VALERIE
Address: 201 BAXTER CT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEWIS, VALERIE
Address: P.O. BOX 38591
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VALERIE LEWIS

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date