

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029593

Entity Name: JC FINANCIAL LLC

FILED  
Feb 05, 2006  
Secretary of State

**Current Principal Place of Business:**

190 MEGAN LN  
GERMANTOWN, OH 45327

**New Principal Place of Business:**

**Current Mailing Address:**

190 MEGAN LN  
GERMANTOWN, OH 45327

**New Mailing Address:**

FEI Number: 20-3966266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COBB, JEFFREY A  
190 MEGAN LN  
GERMANTOWN, FL 45327 US

**Name and Address of New Registered Agent:**

STOUT, TED  
660 CHARLOTTE ST  
SUITE 5  
PUNTA GORDA, FL 33950 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: TED STOUT

02/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COBB, JEFFERY A  
Address: 190 MEGAN LN  
City-St-Zip: GERMANTOWN, OH 45327

Title: MGRM ( ) Delete  
Name: COBB, JACK L  
Address: 104 SURGAR HILL DR  
City-St-Zip: EATON, OH 45320

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COBB, JEFFREY A  
Address: 190 MEGAN LN  
City-St-Zip: GERMANTOWN, OH 45327

Title: MGRM (X) Change ( ) Addition  
Name: COBB, JACK L  
Address: 104 SUGAR HILL DR  
City-St-Zip: EATON, OH 45320

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: JEFFREY A COBB

MGRM

02/05/2006

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