


FILED
Mar 12, 2008 8:00 am
Secretary of State

01-17-2008 90054 046 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000031769 1. Entity Name JONNIE HALL, LLC	
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Principal Place of Business 4670 NORTHEAST 155TH AVENUE WILLISTON, FL 32696 US	Mailing Address PO BOX 518 MORRISTON, FL 32668 US
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DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2554711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JONNIE, HALL 4670 NORTHEAST 155TH AVENUE WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when remastering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, JONNIE 4670 NORTHEAST 155TH AVENUE WILLISTON, FL 32696
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IN THIS SPACE**

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] 3/15/08 407-228-4443
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #