

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000036144

1. Entity Name
JEFFERSON ENTERPRISES, LLC



Principal Place of Business
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32309

Mailing Address
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32309

BK

FILED
07 MAY 14 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
76-0809294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, STEPHEN C
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32309

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REILLY, STEPHEN C
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32309

BK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

400103047524
05/23/07--01006--016 **\$0.00

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/11/07 (850) 893-8551