

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039269

Entity Name: JEFF MONTANDON, LLC

FILED  
Jan 23, 2006  
Secretary of State

## Current Principal Place of Business:

10150 BELLE RIVE BLVD  
APT 2302  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

1474 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250

## Current Mailing Address:

10150 BELLE RIVE BLVD  
APT 2302  
JACKSONVILLE, FL 32256

## New Mailing Address:

1882 SCRUBBY BLUFF RD  
KINGSLAND, GA 31548

FEI Number: 20-2718306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTANDON, JEFFREY A  
10150 BELLE RIVE BLVD  
APT 2302  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

MONTANDON, JEFFREY A  
1474 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 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: JEFFREY A MONTANDON

01/23/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MONTANDON, JEFFREY A  
Address: 10150 BELLE RIVE BLVD APT 2302  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MONTANDON, JEFFREY A  
Address: 1474 SOUTH 3RD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 MONTANDON

MGRM

01/23/2006

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