

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041502

Entity Name: J-NET ENTERPRISES, LLC

FILED
Aug 24, 2006
Secretary of State

Current Principal Place of Business:

8816 TOWNSQUARE DR., S.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8816 TOWNSQUARE DR., S.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2727976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, LENA
6501 ARLINGTON EXP., SUITE B154
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

TILLMON, MARY A
8816 TOWNSQUARE DR S
JACKSONVILLE, FL 32216 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: MARY A TILLMON

08/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TILLMON, JOE
Address: 8816 TOWNSQUARE DR., S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Delete
Name: TILLMON, ANN
Address: 8816 TOWNSQUARE DR., S.
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TILLMON, JOE R
Address: 8816 TOWNSQUARE DR., S.
City-St-Zip: JACKSONVILLE, FL 32216

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

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: JOE R TILLMON

MGR

08/24/2006

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