2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 10, 2006 8:00 am
Secretary of State
04-28-2006 90018 043 ****50.00

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1. Entity Name
J-SEVEN LAWN CARE SERVICE L.L.C.

Principal Place of Business	Mailing Address
1135 WEST 9TH STREET JACKSONVILLE FL 32209	1135 WEST 9TH STREET JACKSONVILLE FL 32209

2. Principal Place of Business	3. Mailing Address
1135 W. 9th St	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX FL	City & State
Zip: 32209 — Country: DUVAL	Zip — Country

1st MOORE CR2E083 (10/05)

4. [redacted] ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON-JEAN, BURNELL P 1135 WEST 9TH STREET JACKSONVILLE FL 32209	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON/JEAN, BURNELL P 1135 WEST 9TH STREET JACKSONVILLE FL 32209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, VERNON P 1135 WEST 9TH STREET JACKSONVILLE FL 32209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Burnell Johnson-Jean — 4-20-6 — 904 383-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #