FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 001 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000056945

1. Entity Name
JAE, LLC

60017000

Principal Place of Business	Mailing Address
516 SW 1ST STREET GAINESVILLE, FL 32601	516 SW 1ST STREET GAINESVILLE, FL 32601

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
114 S.E. 1st Street	114 S.E. 1st Street
Suite, Apt. #, etc. Suite #9	Suite, Apt. #, etc. Suite #9
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32601 Country USA	Zip 32601 Country USA

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1727632 ☐ 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
WATSON, JAMES H JR 516 SW 1ST STREET GAINESVILLE, FL 32601	Name A. Bice Hope, Esquire Street Address (P.O. Box Number is Not Acceptable) 408 West University Avenue, Ste. 406 City Gainesville FL Zip Code 32601

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] A. Bice Hope, Esquire 2-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, JR, JAMES H 4315 SW 69TH TERR GAINESVILLE, FL 326086432 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William B. Scheel 114 S.E. 1st Street, Ste #9 ~~Gainesville, FL 32601~~ ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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] 3/24/08 (904) 910-9897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William B. Scheel