

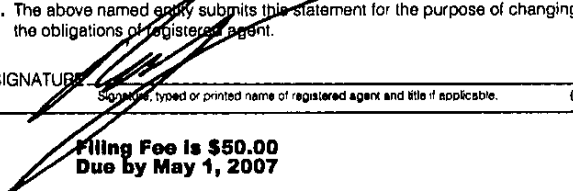



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000058726		
1. Entity Name PN JUDSON, LLC		
Principal Place of Business 11941 PLANTATION ROAD FORT MYERS, FL 33912		Mailing Address P.O. BOX 60511 FT. MYERS, FL 33906
DO NOT WRITE IN THIS SPACE		
		 02202007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 56-2550740 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JUDSON, PAUL 11941 PLANTATION ROAD FORT MYERS, FL 33912		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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2/23/07</u>
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUDSON, PAUL 11941 PLANTATION ROAD FORT MYERS, FL 33912	 000000650268 03/08/07-80004-005 55.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUDSON, NANCY 11941 PLANTATION ROAD FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL CHRISTOPHER JUDSON 2322 SE 11 STREET POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEREDITH RENEE JUDSON-HAHN 4320 LAGG AVE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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  PAUL JUDSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>2/23/07</u> 2396334990 <small>Date Daytime Phone #</small>