2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058726

1. Entity Name
PN JUDSON, LLC

Principal Place of Business	Mailing Address
11941 PLANTATION ROAD FORT MYERS, FL 33912	P.O. BOX 60511 FT. MYERS, FL 33906

02212008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2550740
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 _____ 2/22/08
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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	JUDSON, PAUL
STREET ADDRESS	11941 PLANTATION ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	JUDSON, NANCY
STREET ADDRESS	11941 PLANTATION ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	PAUL CHRISTOPHER JUDSON
STREET ADDRESS	2322 SE 11 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	MEREDITH RENEE JUDSON-HAHN
STREET ADDRESS	4320 LAGG AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000836775
03/04/08-80029-018 143.75

DO NOT WRITE IN THIS SPACE

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: 2/22/08 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #