

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061557

Entity Name: JEREMY'S GLEN, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

9951 ATLANTIC BLVD., SUITE 319
JACKSONVILLE, FL 32225

New Principal Place of Business:

445 SR 13 NORTH
PMB #483
FRUITCOVE, FL 32259

Current Mailing Address:

9951 ATLANTIC BLVD., SUITE 319
JACKSONVILLE, FL 32225

New Mailing Address:

445 SR 13 NORTH
FRUITCOVE, FL 32259

FEI Number: 20-4935150 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:

KICKLIGHTER, STEVEN D
9951 ATLANTIC BLVD., SUITE 319
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

KICKLIGHTER, STEVEN D
445 SR 13 NORTH
PMB #483
FRUITCOVE, FL 32259 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: STEVEN D. KICKLIGHTER

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KICKLIGHTER, STEVEN D
Address: 9951 ATLANTIC BLVD., SUITE 319
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KICKLIGHTER, STEVEN D
Address: 445 SR 13 NORTH, PMB #483
City-St-Zip: FRUITCOVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN D. KICKLIGHTER

M

05/01/2007

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