

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000061750

FILED
Dec 15, 2007
Secretary of State

Entity Name: SAM AND JESSE HALL,LLC

Current Principal Place of Business:

5524 THOMAS ST.
BOKEELIA, FL 33922 US

New Principal Place of Business:

15998 BELLFLOWER ST
BOKEELIA, FL 33922 US

Current Mailing Address:

PO BOX 137
BOKEELIA, FL 33922

New Mailing Address:

15998 BELLFLOWER ST
BOKEELIA, FL 33922

FEI Number: 42-1675713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

HALL, JESSE B MGR
15998 BELLFLOWER ST
BOKEELIA, FL 33922 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: JESSE HALL

12/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HALL, SAM
Address: 7629 MAYPAN ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: MGR () Delete
Name: HALL, JESSE
Address: 7629 MAYPAN ROAD
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALL, SAM
Address: 15998 BELLFLOWER ST
City-St-Zip: BOKEELIA, FL 33922

Title: MGR (X) Change () Addition
Name: HALL, JESSE
Address: 15998 BELLFLOWER ST
City-St-Zip: BOKEELIA, FL 33922

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: JESSE HALL

MGR

12/15/2007

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