2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L05000076309 1. Entity Name JESSE MCKINNON, L.L.C.								03-02-20		137 005 ****5	0.00	
Principal Place 8960 JUPITE ST. CLOUD, F	R DRIVE	S	Mailing Address—— 8960 JUPITER DRIVE ST. CLOUD, FL 34773			1 18871811 81			20012			
2. Principal Pl	3. Mailing Address	ng Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302006	Chg-LLC	,	CR2E083 (11/05)			
City & State			City & State				4. FEI Numb	er			pplied For at Applicable	
Zip		Country Zip Cou			ry	5. Certificate of Status Desired Status Desired See Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
HEMPHILL, JAMES C 1134 NEW YORK AVENUE ST. CLOUD, FL 34769-3782					Name Street Address (P.O. Box Number is Not Acceptable)							
				İ	City				·	FL Zip Code	е	
8. The above the obligati	named entit	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or bo	oth, in the State	of Florida	a. I am familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	f Agent signati	re required	when reinstating)	· · · · ·		DATE		
(Filing Fee is \$50.00 Due by May 1, 2006							:	FI	Make c	heck payable to epartment of State	9 : ".	
9.		MANAGING MEMBER	RS/MANAGERS	10.			· !	ADDITI	ONS/CH	ANGES	.:	
IIILE	MGRM		☐ Delete	TITLE		• •		-		☐ Change	☐ Addition	
NAME	I	ON, JESSE R		NAM								
STREET ADDRESS CITY-ST-ZIP	1	PITËR DRIVE JD, FL 34773			ET ADDRESS - ST-ZIP							
TITLE	017 0200	55,12 51775	☐ Delete	TITLE						Change	Addition	
NAME				NAM						L Onunge	Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP		· .		+	-ST-ZIP							
TITLE NAME	☐ Delete 117									☐ Change	Addition	
STREET ADDRESS	ļ			STRE	et address						1	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE					-	☐ Change	☐ Addition	
NAME STREET ADDRESS]			NAM	E et address							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS							
CITY-ST-ZIP				1	-ST-ZIP	i						
TITLE			☐ Delete	TITL						Change	Addition	
NAME				NAM							}	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -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.												
7/2606 402 908 375												
SIGNATURE: 407 908 3745 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Proces												