


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

|                             |   |
|-----------------------------|---|
| DOCUMENT # L05000088965     |  |
| 1. Entity Name<br>JJLE, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>2056 CENTRE POINTE LANE<br>TALLAHASSEE, FL 32308 | Mailing Address<br>2056 CENTRE POINTE LANE<br>TALLAHASSEE, FL 32308 |
|---|---|



09042007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-3436517                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLACK, JOHN W  
2155 DELTA BLVD., SUITE 210-A  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RAWLINGS, LISA H<br>2056 CENTRE POINTE LANE<br>TALLAHASSEE, FL 32308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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09/05/07-80008-009 50.00

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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: Deb Thomas Deb Thomas 8-31-07 850 668-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #