2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Secretary of State **DOCUMENT # L05000089678** 02-18-2008 90075 011 ***138.75 JESUS IS LORD LLC Principal Place of Business Mailing Address 137 TURNBERRY DRIVE 3644 W. LANTANA ROAD 60008818 LANTANA, FL 33462 ATLANTIS, FL 33462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FFI Number Applied For 20-3459466 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DICRESCENZO ANGELA D Street Address (P.O. Box Number is Not Acceptable) 665 SE 10TH ST DEERFIELD BEACH, FL 33441 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete Change ☐ Addition CHÄLKER, FREDERICK NAME NAME STREET ADDRESS 137 TURNBERRY DRIVE STREET ADDRESS CITY-ST-70P ATLANTIS, FL 33462 CITY-ST-7IP **MGRM** Delete TITLE TITLE ☐ Change ☐ Addition CHALKER, MARY NAME 137 TURNBERRY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 18, 2008 8:00 am

Daytime Phone #