## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Jul 05, 2006 8:00 am Secretary of State **DOCUMENT #L05000090451** 1. Entity Name 07-05-2006 90105 004 \*\*\*\*55 00 J&J ASSOCIATES, LLC Malling Address Principal Place of Business 15820 S.E. 27TH AVENUE 15820 S.E. 27TH AVENUE CUUSIUNU SUMMERFIELD, FL SUMMERFIELD, FL 2. Principal Place of Business 3. Mailing Address 110th 6 0445 044.SF Suite, Apt. #, etc. Suite, Apt. #, etc 07022006 CR2E083 (11/05) Chg-LLC ity & State Applied For 4. FEI Number City & State 20-36155 Not Applicable \$5.00 Additional Country Zip 5. Certificate of Status Desired AYION Fee Required MAYION 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE J. MARCHBANKS, P.A. Street Address (P.O. Box Number is Not Acceptable) 110 CLEVELAND AVE. WILDWOOD, FL 34785 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 agont and title if applicable. DATE (NOTE: Registered Agent aignsture required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (NGR ☐ Change TILE ☐ Delete TITLE ☐ Addition NAME NAME lames J. NASh DOUGH SE 110TH STUCKT OCALA FL 344PO STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ππε ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

352-307-5155