2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90077 038 ****50.00

DOCUMENT # L05000090824

1. Entity Name

J T ENTERPRISES LLC

Principal Place of Business	Mailing Address
440 SOUTH GULFVIEW 1007 CLEARWATER BEACH FL 33767-2516	440 SOUTH GULFVIEW 1007 CLEARWATER BEACH FL 33767-2516

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 54-2193913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRUHAN, JOE G
440 SOUTH GULFVIEW 1007
CLEARWATER BEACH FL 33767-2516

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUHAN, JOE G 440 SOUTH GULFVIEW 1007 CLEARWATER BEACH FL 33767-2516	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joe Truhan June 9 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

APR-27-06 08:10 FROM-JOHN HURSTAK

ATTACHMENT

5/1/2006-90077-038-$50.00-$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090824

1. Entity Name
JT ENTERPRISES LLC

30010235

Principal Place of Business
440 SOUTH GULFVIEW 1007
CLEARWATER BEACH, FL 33767-2516

Mailing Address
440 SOUTH GULFVIEW 1007
CLEARWATER BEACH, FL 33767-2516

2. New Principal Place of Business

3. New Mailing Address

New Apt. or Suite

City & State

Zip | County

04272006 Cng-LLC CR2E083 (11/05)

4. FEI Number

Applied For / Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUHAN, JOE G
440 SOUTH GULFVIEW 1007
CLEARWATER BEACH, FL 33767-2516

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | 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. The entity named above is familiar with and accepts the obligations of its registered agent.

SIGNATURE

Date

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

Title MGRM Name TRUHAN, JOE G Street Address 440 SOUTH GULFVIEW 1007 City-St-Zip CLEARWATER BEACH, FL 337672516	☐ Delete	
Title Name Street Address City-St-Zip	☐ Delete	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Delete	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Delete	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Delete	☐ Change ☐ Add
Title Name Street Address City-St-Zip	☐ Delete	☐ Change ☐ Add

10. ADDITIONS / CHANGES

11. I HEREBY CERTIFY that the information supplied with this filing does not vary materially from the information required to be provided in the Limited Liability Company Initial Report. I further certify that I am a manager or managing member of the limited liability company or the successor of such manager or managing member, as required by Chapter 608, Florida Statutes.

SIGNATURE: Joe G Truhan

April 28 2006

Signature and Title or Position of Authorized Member, Manager, or Authorized Representative

Date

ATTACHMENT

300102235
#L0500090824

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

003697.229056.0012.001 1 MB 0.326 532

Date of this notice: 02-23-2006

Employer Identification Number:
54-2193913

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

J T ENTERPRISES LLC
JOSEPH G TRUHAN SOLE MBR
440 S GULFVIEW 1007
CLEARWATER FL 33767

003697

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 54-2193913. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

To receive a ruling or a determination letter recognizing your organization as tax exempt, you should complete Form 1023 Revision 1024, Application for Recognition of Exemption at:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

Publication 557, Tax Exempt for Your Organization, is available at most IRS offices or you can download this Publication from our Web site at www.irs.gov. This Publication has details on how you can apply.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records.
* Use this EIN and your name exactly as they appear above on all your federal tax forms.
* Refer to this EIN on your tax related correspondence and documents.

If you have questions, you can call or write to us at the phone number or address at the top of the first page of this notice. If you write, please tear off the stub at the end of this notice and send it along with your letter. Thank you for your cooperation.