2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED DOCUMENT # L05000090896 1. Entity Name 06 AUG 29 AM 10: 36 3 J'S, LLC SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7316 MASTERSON LANE 7316 MASTERSON LANE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business 3. Mailing Address P.O. BOX 583 249 US HWY Suite, Apt. #, etc. Suite, Apt. #, etc. 08282006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Apalachicola astboin NONE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 37370 Franklin Franklin 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. Willer eanette MILLER, JEANETTE H Street Address (P.O. Box Number is Not Acceptable) 7316 MASTERSON LANE TALLAHASSEE, FL 32311 3245 Heather Hill ane City 2309 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 Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. managing member James H. Miller, 🔀 Change TITLE Delete TITLE ☐ Addition James H. Miller, Sr. 3245 Heather Hill Lang NAME NAME STREET ADDRESS STREET ADDRESS Tallahassee, FL 32309-2307 managing member Bchange Add Jeanettethmiller 3245 Heather Hill have CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32309-2307 Delete managing Member James H. Miller, Jr. TITLE TITLE ☐ Change 🔀 Addition NAME MAME STREET ADDRESS STREET ADDRESS P.O. BOX 583 CITY-ST-ZIP CITY-SI-ZIP <u>Apalachicola, FL</u> TITLE ☐ Delete TITI F ■ Addition NAME NAME 900079226869 08/29/06--01056--017 **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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-S1-7IP 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. Acontle V. Muller Typed or printed name of signing managing member, manager, or authorized representative 850-670-866D SIGNATURE: Date Daytime Phone