2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 26, 2007 8:00 am Secretary of State

| DOCUMENT # L05000095965 1. Entity Name JENO REALTY, L.L.C. | | | | | 07-26-2007 90010 015 ****55.00 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|-----------------|-------------------|------------|--|
| Principal Place 12947 SE 8 OCALA, FL 3 | TH AVE | Mailing Address 12947 SE 8TH AVE OCALA, FL 34473 | | | 6900334 6 | 1 | | | |
| 2. Principal P | Place of Business - No P.O. Box # S-W - 87 + P . #, etc. | 3. Mailing Address 12947 5 · W · Suite, Apt. #, etc. | 8th Aus | 07252007 | Chg-LLC | CR2E083 | | | |
| City & Sta | e II | City & State | | 4. FEI Numi | per | ORZEOG | Ap | plied For | |
| <u>フ どんし</u> マルルコ | Country SA | V(MI, T L. | Country | 20-360 5. Certificat | e of Status Desired | | 5.00 Add | | |
| التحدر | 6. Name and Address of Current F | legistered Agent | | 7. Name an | d Address of New R | | | | |
| | | | Name | | | | | | |
| LEE, RICHARD P 2155 DELTA BOULEVARD, SUITE 210B TALLAHASSEE, FL 32303 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| IALLANA | 33EE, FE 32303 | | 00 | | | | | | |
| | | | City | | | FL | Zip Code | 3 | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office or regi | stered agent, or b | oth, in the State of Fk | orida. I am far | niliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: I | Registered Agent signature req | ired when reinstating) | | OATE | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | | | Make check payable to Florida Department of State | | | | |
| 9. | MANAGING MEMBER | RS/MANAGERS | 10. | | ADDITIONS | /CHANGES | | | |
| TITLE NAME STREET ADDRESS | MGRM MACUMBER, NOEMI | ☐ Delete | TITLE NAME | | | | Change | ☐ Addition | |
| CITY-ST-ZIP | 12947 SW 8TH AVE OCALA, FL 34473 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12947 SW 8TH AVE OCALA, FL 34473 | ☐ Delete | STREET ADDRESS | | | [| ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS | l . | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | ☐ Change | Addition | |
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