2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2008
Secretary of State

DOCUMENT# L05000103726

Entity Name: JSJ STUDIO, LLC

Current Principal Place of Business:

1491 NE 71ST LANE
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

1491 NE 71ST LANE
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 56-2538642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ECKERT, SHARON
1491 NE 71ST LANE
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ECKERT, SHARON	
Address:	1491 NE 71ST LANE	
City-St-Zip:	OCALA, FL 34479 US	
Title:	MGRM	( ) Delete
Name:	MCENTYRE, JUDITH	
Address:	1197 NE 71ST LANE #237	
City-St-Zip:	OCALA, FL 34479 US	
Title:	MGRM	( ) Delete
Name:	STEADMAN, JUDITH	
Address:	2191 NE 38TH STREET	
City-St-Zip:	OCALA, FL 34479 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON M. ECKERT MGR 05/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date