2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90040 022 ****50.00
06-02-2008 90258 047 ****88.75

DOCUMENT # L06000002649

1. Entity Name
J. & T. NATIONWIDE ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5610 NW 12TH AVE., #211 FT LAUDERDALE, FL 33309	5610 NW 12TH AVE., #211 FT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
ELLRODT, BRENDA L 2601 WELLS AVE., #141 FERN PARK, FL 32730	Name: Brenda L. Ellrodt Street Address (P.O. Box Number is Not Acceptable): 1428 E Semoran BlVD #105 City: Apopka FL Zip Code: 32703

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: Brenda L Ellrodt] 1-10-07
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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEEDHAM, JOHN		NAME		
STREET ADDRESS	5610 NW 12TH AVE., #211		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEEDHAM, PATRICIA		NAME		
STREET ADDRESS	5610 NW 12TH AVE., #211		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #