2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 30, 2008 8:00 am Secretary of State

4/29/08 (27)433001/

	ANNUAL	. KEPUK I				ary or so	
1. Entity Nam	MENT # L06000003 JSE HOLDINGS, LLC	3354			04-30-2008	90027 012 ***138	3.75
Principal Place of Business		Mailing Address	<u> </u>			FAARE 100	
2852 20TH AVE SAINT PETERSBURG, FL 33713 US		PO BOX 48668 ST. PETERSBURG, FL 33743 US			50005489		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb 20-410		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	
2852 - 20T	ARK R ESO: H AVENUE NORTH RSEURG, FL 33713		Street Add	dress (P.O. Box Numb	IARK R. er is Not Acceptab SHORE	ESQ.	
			City	UK FA		FL Zip Cod	698
SIGNATURE :	Signature, typed or printed name of registered agent NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		CIC R , L E. Registered Agent signature	OCCANO required when reinstating)		ke check payable to da Department of Stat	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS	S/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMIL, CHARLES 2852 20TH AVE N SAINT PETERSBURG, FL 3371	☐ 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	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IITLE 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 CHY-ST-ZIP			☐ Change	☐ Addition
indicated	Certify that the information supplied wit fron this report is true and accurate and ability company or the receiver or truste	d that my signature shall have	the same legal effect	as if made under oat	h: that I am a man	further certify that the info aging member or manag	ormation er of the

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE