

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011098

Entity Name: J. JINKS GROUP, LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

156 KINGSTON ROAD
ROSEMARY BEACH, FL 32461

New Principal Place of Business:

3801 MISTY WAY
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 611449
ROSEMARY BEACH, FL 32461

New Mailing Address:

3801 MISTY WAY
DESTIN, FL 32541

FEI Number: 20-4239948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JINKS, MARILYN
156 KINGSTON ROAD
ROSEMARY BEACH, FL 32461 US

Name and Address of New Registered Agent:

KETCHERSID, WILLIAM L
1241 AIRPORT ROAD
SUITE H
DESTIN, FL 32541 US

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: WILLIAM L KETCHERSID

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JINKS, MARILYN
Address: P.O. BOX 611449
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KETCHERSID, WILLIAM L
Address: 3801 MISTY WAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Change (X) Addition
Name: KETCHERSID, JODI L
Address: 3801 MISTY WAY
City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L KETCHERSID

MGRM

02/02/2007

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