

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013815

Entity Name: J & L ENTERPRISES LLC

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

6950 PHILIPS HWY 6  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

6950 PHILIPS HWY  
SUITE 6  
JACKSONVILLE, FL 32216

## Current Mailing Address:

6950 PHILIPS HWY 6  
JACKSONVILLE, FL 32216

## New Mailing Address:

6950 PHILIPS HWY  
SUITE 6  
JACKSONVILLE, FL 32216

FEI Number: 04-3843937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERS, LORIE  
6950 PHILIPS HWY 6  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

PETERS, LORIE  
6950 PHILIPS HWY  
SUITE 6  
JACKSONVILLE, FL 32216 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:

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PETERS, LORIE  
Address: 6950 PHILIPS HWY 6  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete  
Name: PETERS, JEROMY  
Address: 6950 PHILIPS HWY 6  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

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 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: JEROMY PETERS

MGR

04/24/2007

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