

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013815

Entity Name: J & L ENTERPRISES LLC

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

6950 PHILIPS HWY
SUITE 6
JACKSONVILLE, FL 32216

New Principal Place of Business:

9019 DEERCRESS CT.
JACKSONVILLE, FL 32256

Current Mailing Address:

6950 PHILIPS HWY
SUITE 6
JACKSONVILLE, FL 32216

New Mailing Address:

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
SUITE 6
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

PETERS, LORIE
9019 DEERCRESS CT.
JACKSONVILLE, FL 32256 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:

02/15/2008

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: MGR (X) Change () Addition
Name: PETERS, LORIE
Address: 9019 DEERCRESS CT.
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR (X) Change () Addition
Name: PETERS, JEROMY
Address: 9019 DEERCRESS CT.
City-St-Zip: JACKSONVILLE, FL 32256

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: JEROMY PETERS

MGR

02/15/2008

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