2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: JF&J, LLC

Current Principal Place of Business:

5007 87TH STREET SOUTH
TAMPA, FL 336197209

New Principal Place of Business:

Current Mailing Address:

5007 87TH STREET SOUTH
TAMPA, FL 336197209

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, JAMES WILLIAMS
5007 87TH STREET SOUTH
TAMPA, FL 336197209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROGERS, JAMES WILLIAM
Address: 5007 87TH STREET SOUTH
City-St-Zip: TAMPA, FL 336197209

Title: MGRM ( ) Delete
Name: BARR, JACQUELINE D
Address: 3707 FALLSCREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: ROGERS, FLORENCE P
Address: 5007 87TH STREET SOUTH
City-St-Zip: TAMPA, FL 336197209

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROGERS, JAMES WILLIAM
Address: 5007 87TH STREET SOUTH
City-St-Zip: TAMPA, FL 336197209

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 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: JAMES W. ROGERS MGRM 04/30/2007

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