



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90075 005 \*\*\*\*55.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L06000018888</b>  |  |   |  |    |  |
| <b>1. Entity Name</b><br><b>B. JORDAN LLC</b>   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>296 CROSSWAY RD #8<br>TALLAHASSEE, FL 32305   |  |   | <b>Mailing Address</b><br>P.O. BOX 2014<br>TALLAHASSEE, FL 32316 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>296 Crossway Rd<br>Suite, Apt. #, etc. #8  |  | <b>3. Mailing Address</b><br>P.O. Box 2014<br>Suite, Apt. #, etc. |  |   |  |
| <b>City &amp; State</b><br>Tallahassee, FL  |  | <b>City &amp; State</b><br>Tallahassee, FL                        |  | <b>4. FEI Number</b><br>26-0136909  |  |
| <b>Zip</b><br>32305   |  | <b>Country</b><br>Leon  |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>JORDAN, BEVERLY<br>296 CROSSWAY RD #8<br>TALLAHASSEE, FL 32305  |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |  |   |  |
| <b>Filing Fee Is \$50.00<br/>Due by May 1, 2007</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>     |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>                                     |   |  |
| <b>TITLE</b><br>MGRM  | <b>NAME</b><br>JORDAN, BEVERLY <input type="checkbox"/> Delete |   | <b>TITLE</b>   | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>STREET ADDRESS</b><br>P.O. BOX 2014  | <b>CITY-ST-ZIP</b><br>TALLAHASSEE, FL 32316                    |   | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    |   | <b>TITLE</b>   | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>TITLE</b>  | <b>NAME</b> <input type="checkbox"/> Delete                    |   | <b>TITLE</b>   | <b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>   |   | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Beverly A. Jordan</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   | <b>8-21-07</b><br><small>Date</small>                            |   |  |
| Beverly A. Jordan   |  |   | 850-445-3728<br><small>Daytime Phone #</small>                   |   |  |