

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-12-2007 90178 022 ****50.00

DOCUMENT # L06000024803 1. Entity Name CHARLES W. JENKINS, LLC			
Principal Place of Business 104 RIVER OAK DRIVE VERO BEACH, FL 32963		Mailing Address 104 RIVER OAK DRIVE VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1575 INDIAN RIVER BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C-240	
City & State		City & State VERO Bch FL	
Zip	Country	Zip 32960	Country
4. FEI Number 65-0742839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCK, SAMUEL A 21 ROYAL PALM POINTE, SUITE 100 VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Rebecca B. Colton Street Address (P.O. Box Number is Not Acceptable) 1575 Indian River Blvd. C-240 City VERO Beach FL 32960	
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. SIGNATURE <u><i>Rebecca B. Colton CPA</i></u> DATE <u>1/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P JENKINS, CHARLES W. 104 RIVER OAK DR VERO BEACH FL 32963	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Charles W. Jenkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>7/10/07</u>	Daytime Phone # <u>772 231 3525</u>