2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000035613				FILED		
1. Entity Name JT-TREMBLAY 1, LLC				2007 APR 17 AM 10: 04		
Principal Place	of Business	Mailing Address		SECRETARY OF STATE		
2140 86TH C	OURT	2140 86TH COURT		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
VERO BEACH,	FL 32966 US	VERO BEACH, FL 32966	5 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142007 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FEI Number Applied Fo		
Zíp	Country	Zip	Country	5 Certificate of Status Desired S5.00 Additional		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
		Name	· · · · · · · · · · · · · · · · · · ·			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
	named entity submits this statement fo ons of registered agent.	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acc		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Ragistered Agent signature requir	ed when reinstating) DATE		
				AV		
	ing Fee is \$50.00 e by May 1, 2007	~ · 4.		Make check payable to Florida Department of State		
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES		
	MGRM TREMBLAY, TERESA	☐ Delete	TITLE	☐ Change ☐ Ado		
	1870 35TH AVENUE		NAME STREET ADDRESS	300101819043 05/08/0701023001 **550.00		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	00,00,01-01079-001 44990.00		
	MGRM	☐ Delete	TITLE	☐ Change ☐ Add		
	TREMBLAY, JONATHAN 1870 35TH AVENUE		NAME STREET ADDRESS			
i 1	VERO BEACH, FL 32960		CITY-ST-ZIP			
TITLE		Delute	TITLE	☐ Change ☐ Arto		
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP			
TITLE	***	Delete	TITLE	☐ Change ☐ Ado		
NAME		<u></u> 501010	NAME	_ July _ Au		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Ado		
		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Ado		
TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Ado		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change Ado		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		<u> </u>	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		<u> </u>	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby coindicated or	ertify that the information supplied with on this report is true and accurate and oility company or the recei ver or fl uste	□ Delete In this filing does not qualify for to the control of t	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contained as a same legal effect as if	☐ Change ☐ Ado d in Chapter 119, Florida Statutes. I turther certify that the information made under oath, that I am a managing member or manager of the		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby coindicated or	on this report is true and accurate and	□ Delete In this filing does not qualify for to the control of t	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contained as a same legal effect as if	☐ Change ☐ Ado d in Chapter 119, Florida Statutes. I turther certify that the information made under oath, that I am a managing member or manager of the		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby coindicated or	on this report is true and accurate and illity company or the receiver or truste	n this filing does not qualify for t I that my signature shall have the e empowered to execute this re	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contained as a required by Cha	d in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the pter 608, Florida Statutes.		