

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000039100

1. Entity Name  
JODUS LLC



Principal Place of Business  
2500 CLEMSON DRIVE  
PANAMA CITY, FL 32405

Mailing Address  
2500 CLEMSON DRIVE  
PANAMA CITY, FL 32405



02052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0599659

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TINNEY, DUSTIN W  
2500 CLEMSON DRIVE  
PANAMA CITY, FL 32405

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000831149  
02/27/08-80007-002 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TINNEY, DUSTIN W
STREET ADDRESS	2500 CLEMSON DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	MGR
NAME	TINNEY, JOHN R
STREET ADDRESS	3 SEWANEE CIRCLE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DUSTIN W. TINNEY

2/14/08

Date

850-785-6079

Daytime Phone #