2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90315 050 ***138.75

DOCUMENT # L06000062860

1. Entity Name

JC LINN OF COMANCHE, LLC

Principal Place of Business	Mailing Address
4601 WEST COMANCHE AVENUE TAMPA FL 33614	4601 WEST COMANCHE AVENUE TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16611 WILLOW GLEN DR.	P.O. BOX 270392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA, FL	City & State: TAMPA, FL
Zip: 33556 Country: U.S.A.	Zip: 33688 Country: U.S.A.

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5075817 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOWLER WHITE BOGGS BANKER, P.A. C/O JEFFREY C. SHANNON 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JC. LINN ENTERPRISES, LTD. ~~4601 WEST COMANCHE AVENUE~~ ~~TAMPA FL 33614~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. BOX 270392 TAMPA, FL 33688	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey C. Shannon 4/4/08 (813)926-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #