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
4601 WEST COMANCHE AVENUE
TAMPA FL 33614

Mailing Address
4601 WEST COMANCHE AVENUE
TAMPA FL 33614

2. Principal Place of Business - No P.O. Box #
16611 WILLOW GLEN DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 270392
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: ODESSA, FL
Zip: 33556 Country: U.S.A.

City & State: TAMPA, FL
Zip: 33688 Country: U.S.A.

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

FOWLER WHITE BOGGS BANKER, P.A.
C/O JEFFREY C. SHANNON
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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's signature required when consenting) 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

TITLE	MGRM	☐ Delete
NAME	JC. LINN ENTERPRISES, LTD.	
STREET ADDRESS	~~4601 WEST COMANCHE AVENUE~~	
CITY-ST-ZIP	~~TAMPA FL 33614~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	P.O. BOX 270392	
CITY-ST-ZIP	TAMPA, FL 33688	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 4/4/08 (813)926-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #