2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000062860

Entity Name: JC LINN OF COMANCHE, LLC

Current Principal Place of Business:

1661 WILLOW GLEN DR
ODESSA, FL 33556

New Principal Place of Business:

16611 WILLOW GLEN DR
ODESSA, FL 33556 US

Current Mailing Address:

POB 270392
TAMPA, FL 33688

New Mailing Address:

PO BOX 270392
TAMPA, FL 33688 US

FEI Number: 20-5075817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

SHANNON, JEFFREY C
501 EAST KENNEDY BLVD
SUTE 1700
TAMPA, FL 33602 US

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.

SIGNATURE: JEFFREY C. SHANNON 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JC. LINN ENTERPRISES, LTD.
Address: POB 270392
City-St-Zip: TAMPA, FL 33688 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LINN, JEFFREY N
Address: PO BOX 270392
City-St-Zip: TAMPA, FL 33688 US

Title: MGR ( ) Change (X) Addition
Name: LINN, CRAIG
Address: P.O. BOX 270392
City-St-Zip: TAMPA, FL 33688 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 N LINN MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date