


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

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90150 003 \*\*\*138.75

<b>DOCUMENT # L06000064746</b>	
<b>1. Entity Name</b> JC LINN OF BALTIMORE, LLC	

<b>Principal Place of Business</b> 4601 WEST COMANCHE AVE. TAMPA FL 33614	<b>Mailing Address</b> 4601 WEST COMANCHE AVE. TAMPA FL 33614
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<b>2. Principal Place of Business - No P.O. Box #</b> 802. GUISANDO DE AVILA	<b>3. Mailing Address</b> P.O. BOX 270 392
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

<b>City &amp; State</b> TAMPA, FL	<b>City &amp; State</b> TAMPA, FL
<b>Zip</b> 33613	<b>Zip</b> 33688
<b>Country</b>	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 20-5313753	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> FOWLER WHITE BOGGS BANKER P.A. C/O JEFFREY C. SHANNON 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting) **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	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> LINN, STEPHEN D 4601 WEST COMANCHE AVENUE TAMPA FL 33614 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> LINN, CONSTANCE E 4601 WEST COMANCHE AVENUE TAMPA FL 33614 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **STEPHEN D. LINN MGR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE