


FILED
May 09, 2007 8:00 am
Secretary of State

04-19-2007 90030 020 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000068496					
1. Entity Name JACK E. CONNATSER, "LLC"					
Principal Place of Business 418 MISSION HILLS DRIVE TAMPA, FL 33617 US			Mailing Address 418 MISSION HILLS DRIVE TAMPA, FL 33617 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FE Number 75-3239852				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNATSER, JACK E 418 MISSION HILLS DRIVE TAMPA, FL 33617				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State.			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONNATSER, JACK E 418 MISSION HILLS DRIVE TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE 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 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: <i>Joel E. Connatser</i>			4-16-07 (813) 908 7930		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		