2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L060000684964,

1. Entity Name

JACK E. CONNATSER, "LLC"



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

418 MISSION HILLS DRIVE TAMPA, FL 33617 US Mailing Address

418 MISSION HILLS DRIVE TAMPA, FL 33617 US



04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
75-3239852	Not Applicable	
5. Certificate of Status Desired	\$5,00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONNATSER, JACK E 418 MISSION HILLS DRIVE TAMPA, FL 33617

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	named entity submits this statement for the purpose of chairons of registered agent.	inging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when rematating)	DAT);
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNATSER. JACK E 418 MISSION HILLS DRIVE TAMPA, FL 33617	0.	000000890518 4/22/08-80098-003 138.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
THEE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS			

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 companal or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-8-08

813)918-7930

Dayarre Phone #