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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 25 AM 10: 23

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000073252

1. Entity Name
J T CONTE LLC

Principal Place of Business	Mailing Address
761 BAYOU BLVD S ST. PETERSBURG, FL 33705	761 BAYOU BLVD S ST. PETERSBURG, FL 33705

07032007 Chg-LLC CR2E083 (12/06)

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. FEI Number: 83-0462785 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTE, JASON 761 BAYOU BLVD S ST. PETERSBURG, FL 33705	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 signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 14, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONTE, JASON		NAME	
STREET ADDRESS	761 BAYOU BLVD S		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TURNER, JESSICA — Conte, Jessica		NAME	
STREET ADDRESS	761 BAYOU BLVD S		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	REINSTATEMENT 2007
CITY-ST-ZIP			CITY-ST-ZIP	

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: Jason L. Conte 7/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #