


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

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 037 ***538.75

DOCUMENT # L06000073783

1. Entity Name
JC615, LLC



Principal Place of Business Mailing Address

**9180 BOGGY CREEK ROAD,
 #7
 ORLANDO FL 32824** **9180 BOGGY CREEK ROAD,
 #7
 ORLANDO FL 32824**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. *See below* Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

20-5491955

4. FEI Number Applied For
AP-PLIED FOR Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROZENCWAIG, NADEL & FERRERO-CARR, LLP
 301 W HALLANDALE BEACH BOULEVARD
 HALLANDALE BEACH FL 33009**

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 *JOHN J. CAMPBELL* (NOTE: Registered Agent signature required when registering) 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	CAMPBELL, JOHN J	9180 BOGGY CREEK ROAD #7	ORLANDO FL 32824	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	CAMPBELL, JOHN J.	283 PROMENADE CIRCLE	LAKE MARY, FL 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *JOHN J. CAMPBELL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #