
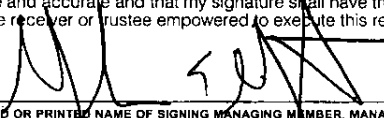


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90042 005 ****50.00

DOCUMENT # L06000078386 1. Entity Name JORDAN BRANCH, LLC					
Principal Place of Business 3455 PINE RIDGE ROAD, SUITE 110 NAPLES, FL 34109			Mailing Address 3455 PINE RIDGE ROAD, SUITE 110 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 3455 PINE RIDGE ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109		3. Mailing Address 3455 PINE RIDGE ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109		02192007 Chg-LLC CR2E083 (12/06) 4. FEI Number 37-1526316	
Country COLLIER		Country COLLIER		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GRANT, GLENN E 3455 PINE RIDGE ROAD, SUITE 110 NAPLES, FL 34109	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3455 PINE RIDGE ROAD SUITE 101 City NAPLES				FL Zip Code 34109	
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 reinstating) 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 HODGES, WILLIAM L 873 CARRICK BEND CR, #202 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  GLENN E GRANT 4/9/07 239-593-9333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # REGISTERED AGENT					