

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088425

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: J EDWARDS & ASSOCIATES, LLC

## Current Principal Place of Business:

1920 BOOTHE CIRCLE  
SUITE 100-C  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

105 HAMLIN COURT, NORTH  
LONGWOOD, FL 32750 US

## Current Mailing Address:

PO BOX 161953  
ALTAMONTE SPRINGS, FL 32716 US

## New Mailing Address:

FEI Number: 20-5533042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRUPBACHER, ARI  
1920 BOOTHE CIRCLE  
SUITE 200  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

BRUPBACHER, ARI  
1920 BOOTHE CIRCLE  
SUITE 100C  
LONGWOOD, FL 32750 US

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.

SIGNATURE: ARI BRUPBACHER

04/28/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BRUPBACHER, ARI  
Address: PO BOX 161953  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: MGRM ( ) Delete  
Name: BAHAMAS OCEAN HOUSE, CORP, INC  
Address: PO BOX 161953  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARI BRUPBACHER

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date