2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098296

3225 S MACDILL AVE #129105

TAMPA, FL 33629

Address: City-St-Zip:

Entity Name: JITT LLC

FILED May 12, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
538 ISLEBA APOLLO BI	AY DRIVE EACH, FL 33572			
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
538 ISLEBA APOLLO B	AY DRIVE EACH, FL 33572			
	e with s. 607.193(2)(b), F.S., the limited liability com	· ·		
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
FOSTER, E 538 ISLEBA APOLLO BI				
The above in the State	named entity submits this statement for the p of Florida.	surpose of changing its registered	d office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	 Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete FOSTER, BRUCE A 538 ISLEBAY DRIVE APOLLO BEACH, FL 33572	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) Delete RICHARDS, HARLEY M 1400 EASTON DRIVE LAKELAND, FL 33803	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) Delete MUSSER, LAWRENCE B 454 ISLEBAY DRIVE APOLLO BEACH, FL 33572	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (X) Delete ARENDT, RALPH C 5226 BRIGHTON SHORE DRIVE APOLLO BEACH, FL 33572	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM (X) Delete	Title: Name	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BRUCE A FOSTER MGRM 05/12/2007