

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103207

**FILED**  
**May 30, 2007**  
**Secretary of State**

**Entity Name:** JESTER CP, LLC

**Current Principal Place of Business:**

360 HIGH STREET  
MARYVILLE, TN 37804 US

**New Principal Place of Business:**

333 EAST HARPER AVENUE  
MARYVILLE, TN 37804 US

**Current Mailing Address:**

360 HIGH STREET  
MARYVILLE, TN 37804 US

**New Mailing Address:**

333 EAST HARPER AVENUE  
MARYVILLE, TN 37804 US

**FEI Number:** 20-5764468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLOYD, PATRICIA A  
13916 BRAMBLE BUSH COURT  
ORLANDO, FL 32832 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BURKHALTER, TED A JR  
Address: 360 HIGH STREET  
City-St-Zip: MARYVILLE, TN 37804 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURKHALTER, TED A JR  
Address: 333 EAST HARPER AVENUE  
City-St-Zip: MARYVILLE, TN 37804 US

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: TED A BURKHALTER JR

MGR

05/30/2007

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