


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90014 004 ****50.00

| | |
|--|---|
| DOCUMENT # L06000112068 1. Entity Name JH & L DISTRIBUTOR, L.L.C. |  |
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| Principal Place of Business 956B S. HOAGLAND BLVD. KISSIMMEE, FL 34741 | Mailing Address 956B S. HOAGLAND BLVD. KISSIMMEE, FL 34741 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | |
|---|---------|---------------------------------------|
| 07112007 | Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 20-5923825 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| RAMIREZ, JOSE 956B S. HOAGLAND BLVD. KISSIMMEE, FL 34741 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

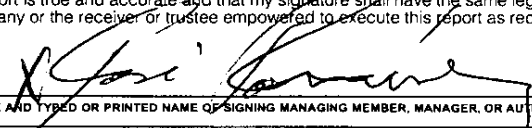
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State |
|--|--|--|

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|--------------------------------|-------------------------------------|--|-------------------------|--|---|
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMIREZ, JOSE | | NAME | | |
| STREET ADDRESS | 956B S. HOAGLAND BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GONZALEZ, LEONARDO | | NAME | | |
| STREET ADDRESS | 956B S. HOAGLAND BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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:  7/11/07 407-574-7653

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