2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 15, 2007 8:00 am Secretary of State

		KEFÇKI				Seciet.	ary of S	iaic								
DOCUMENT # L06000114532 1. Entity Name J R & R ONE, LLC							7 90150 022 ****									
Principal Place of Business Mailing Address			· .		401	-										
501 NORTH MAGNOLIA AVENUE Suite a		PO BOX 431 ORLANDO, FL 32802														
ORLANDO, FL 32801						Balla artik arkit arkit arki	ET HEST AFIE DIDET DITET INTO ST	BB 11 111 1861								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address														
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102007	Chg-LLC	CR2E083 (12/06)									
City & State	в	City & State			4. FEI Numbe	663627		oplied For ot Applicable								
Zip	Country	Zip	Country			of Status Desired	\$5.00 Add	ditional								
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R										
MATTHIAS, RICHARD R				Name												
	H MAGNOLIA AVENUE		Street Address (F		P.O. Box Number is Not Acceptable)											
), FL 32801															
			City				FL Zip Cod	le								
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 .																
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signeti	re required	when reinstating)		DATE									
	iling Fee is \$50.00 ue by May 1, 2007	nd the if applicable. (NOTE: F	Registered Agent signeti	ne raquired	when reinstating)		DATE e check payable to a Department of Stat	·								
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		Registered Agent signetu	re required	when reinstating)		e check payable to a Department of Stat									
9. IIILE	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	re required	when reinstating)	Florida	e check payable to a Department of Stat	☐ Addition								
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS Delete IRREVOCABLE FAMILY	10.	re required	when reinstating)	Florida	e check payable to a Department of Stat									
9. TITLE NAME	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS	RS/MANAGERS Delete IRREVOCABLE FAMILY	10. Title NAME	re required	when reinstating)	Florida	e check payable to a Department of Stat									
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	are required	when reinstating)	Florida	e check payable to a Department of Stat									
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	we roquired	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES	Addition								
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	we roquired	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES	Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	are roquired	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES	Addition								
9. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	are roquired	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES Change	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	are required	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES Change	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	are required	when reinstating)	Florida	e check payable to a Department of Stat /CHANGES Change	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	are roquired	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	are required	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	are required	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	are roquired	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	are roquired	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	are required	when reinstating)	Florida	ce check payable to a Department of State (CHANGES	Addition Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	are roquired	when reinstating)	Florida	ce check payable to a Department of State (CHANGES Change Change Change Change Change Change Change Change Change	Addition Addition Addition Addition								
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM ROBERT CHARLES MATTHIAS 501 NORTH MAGNOLIA AVENU	RS/MANAGERS Delete IRREVOCABLE FAMILY E Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	are required	when reinstating)	Florida	ce check payable to a Department of State (CHANGES Change Change Change Change Change Change Change Change Change	Addition Addition Addition Addition								

11. I hereby certify that the information supplied with this titing does not quality for the exemptions contained in Chapter 119, Horida 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 cath; 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:	ROBERT C.	MATHERS, REDERN	WEST STREET	402-4320031
	RINTED NAME OF SIGNING MANA	GING MEMBER, MANAGER, OR AUTHORIZED REPRESENT	ATIVE Date	Daytime Phone #