
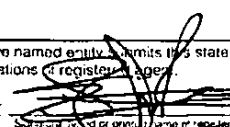
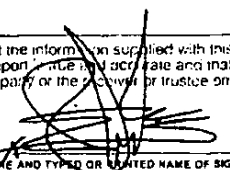


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90033 026 ****50.00

DOCUMENT # L06000115708			
1. Entity Name E.R. JENKS CO., LLC			
Principal Place of Business 2140 SOCIETY DRIVE HOLIDAY, FL 34691 US		Mailing Address 2140 SOCIETY DRIVE HOLIDAY, FL 34691 US	
2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENKS, ERIC R 2140 SOCIETY DRIVE HOLIDAY, FL 34691		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  <small>Signature of individual or principal name of registered agent and use if applicable</small>		DATE 04/16/07 <small>(NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKS, ERIC R 2140 SOCIETY DRIVE HOLIDAY, FL. 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Eric R Jenks		DATE: 04/16/07 727-742-1274	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

30006650



04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5986242 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required