## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000000278

Entity Name: JIM LYNN, LLC

City-St-Zip:

BELL GLADE, FL 33430

FILED Mar 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 221 WALTON BOULEVARD WEST PALM BEACH, FL 33405 **Current Mailing Address: New Mailing Address:** 221 WALTON BOULEVARD WEST PALM BEACH, FL 33405 FEI Number: 20-8187918 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOWICKI, MARK J 480 MAPLEWOOD DRIVE, SUITE 2 JUPITER, FL 33458 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CHAMBLEE, JAMES MICHAEL Name: Name: Address: 221 WALTON BOULEVARD WEST Address: City-St-Zip: PALM BEACH, FL 33405 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: CHAMBLEE ANDERSON, LYNN Name: Address: 981 LINDA ROAD Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: MGR () Delete Title: () Change () Addition 6-MILE BEND CORPORAT, ION Name: Name: Address: 832 FLEMING ROAD PO BOX 1785 Address:

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.

City-St-Zip:

SIGNATURE: JAMES M. CHAMBLEE MGR 03/18/2009