2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jul 01, 2008 8:00 am
Secretary of State

05-22-2008 90515 020 ***138.75
07-01-2008 90032 001 ***138.75

DOCUMENT # L07000004632

1. Entity Name

JIM-ELI "LLC"

Principal Place of Business	Mailing Address
4436 HARBOUR LIGHTS CT. ORLANDO FL 32817 US	4436 HARBOUR LIGHTS CT. ORLANDO FL 32817 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4436 HARBOUR LIGHTS CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: ORLANDO, FL
Zip: / Country:	Zip: 32817 / Country: USA

4. FEI Number: 20-8368109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, JIMMY N
4436 HARBOUR LIGHTS CT
ORLANDO. FLORIDA FL 32817

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, ELISEO A RONINO WY LAFAYETTE CA 94549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, JIMMY N. 4436 HARBOUR LIGHTS CT. ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] JIMMY N. CALDERON 4-25-08 407-701-5000