


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 043 ***138.75

DOCUMENT # L07000049681																																																																																																																																			
1. Entity Name J & N ENTERPRISE HOLDINGS LLC																																																																																																																																			
Principal Place of Business 7621 SE DOVE STREET HOBE SOUND, FL 33455			Mailing Address 7621 SE DOVE STREET HOBE SOUND, FL 33455																																																																																																																																
2. Principal Place of Business - No P.O. Box # 5120 SE MARINER GDN CIR		3. Mailing Address SAME																																																																																																																																	
Suite, Apt. #, etc. E 4		Suite, Apt. #, etc.																																																																																																																																	
City & State Stuart FL 34997		City & State		4. FEI Number 26-0140203																																																																																																																															
Zip 34997		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent ROBERTS, JEANNETTE 7621 SE DOVE STREET HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 5120 SE MARINER GDN CIR E4 City: Stuart FL Zip Code: 34997																																																																																																																																
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 _____																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS / CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGRM <input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CAPASSO, JOSEPH P</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7621 SE DOVE STREET 5120 SE MARINER GDN CIR</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">HOBE SOUND, FL 33455 STUART, FL 34997</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">MGRM <input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CAPASSO, NICOLE</td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">737 TUCKAHOE ROAD #26</td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">YONKERS, NY 10710</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="3" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="3" style="padding: 2px;"></td> </tr> </table>						9. 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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: <i>Jeannette Roberts</i> Jeannette Roberts					772-263-1595																																																																																																																														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Date Daytime Phone #																																																																																																																														