2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

01-16-2008 90054 005 ***138.75

DOCUMENT # L07000081317 1. Entity Name JNJ DETAILING LLC							90034 0		, 0 , 10
Principal Place of Business 510 BRENDA DRIVE BRANDON, FL 33510		Mailing Address 510 BRENDA DRIVE BRANDON, FL 33510		60001822					
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 26-04	86406			pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		5.00 Addee Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered A	gent	
GAVIN G	NBV I			Name					
GAVIN, GARY L 510 BRENDA DRIVE BRANDON, FL 33510				Street Address	(P.O. Box Numbe	r is Not Acceptable	a)		
				City			FL	Zip Cod	le
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or regist	ered agent, or both	n, in the State of Flo	rida. Lam fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it applicable. (NO	TE: Registere	d Agent signature requir	ed 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		e		
9	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
THTLE	MGR	☐ Delete	TITLE	E				☐ Change	Addition
NAME	GAVIN, GARY L								
STREET ADDRESS			NAM						_
CITY-ST-7IP	510 BRENDA DRIVE BRANDON EL 33510		STRE	ET ADDRESS					_
CITY-ST-ZIP	BRANDON, FL 33510	□ ∩eleta	STRE	ET ADDRESS -ST-ZIP		-		Channe	Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	STRE	EET ADDRESS -ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E E EET ADDRESS				Change	Addition
TITLE NAME			STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STRE CITY TITLE NAM STRE CITY	EET ADDRESS - ST- ZIP E E - ST- ZIP E - ST- ZIP				☐ Change	☐ Addition☐ Addition☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E -ST-ZIP E E E		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS - ST- ZIP E E - ST- ZIP E - ST- ZIP					
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E					
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STREE CITY THEE NAM STRE CITY THEE NAM STRE CITY THEE NAM NAM NAM NAM	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E				☐ Change	☐ Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STRE CITY NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE CITY THTLE NAM STRE CITY THTLE NAM STRE CITY THTLE NAM STRE CITY THTLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E				☐ Change	Addition Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STRE CITY NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		☐ Delete	STRE CITY NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME		☐ Delete	STRE CITY NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE		☐ Delete	STRE CITY THE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E				☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete ☐ Delete ☐ Delete	STRE CITY THEE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E				☐ Change ☐ Change ☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE		☐ Delete ☐ Delete ☐ Delete	STRE CITY TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E				☐ Change ☐ Change ☐ Change	Addition 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: GALY L. GAVIN 1-13-08 8/3-294-2630
SIGNATURE AND TYPED OR PRINTED NAME OF JOINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylarine Proce #