

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90238 032 \*\*\*143.75

<b>DOCUMENT # L07000099234</b>					
<b>1. Entity Name</b> <b>JIM CHAMBLISS ENTERPRISES, LLC</b>					
<b>Principal Place of Business</b> 12503 CONDOR DRIVE JACKSONVILLE, FL 32223			<b>Mailing Address</b> 12503 CONDOR DRIVE JACKSONVILLE, FL 32223		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> <b>26-1818322</b>	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>CHAMBLESS, JAMES N</b> <b>12503 CONDOR DRIVE</b> <b>JACKSONVILLE, FL 32223</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBLESS, JAMES N 12503 CONDOR DRIVE JACKSONVILLE, FL 32223	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					