

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90077 005 \*\*\*138.75

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| <b>DOCUMENT # L07000109198</b>  |  |  |   |  |   |
| <b>1. Entity Name</b><br>F&J VENTURES, LLC  |  |  |   |  |   |
| <b>Principal Place of Business</b><br>3255 N. US 19<br>PERRY, FL 32347 US   |  |  | <b>Mailing Address</b><br>3255 N. US 19<br>PERRY, FL 32347 US   |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b><br>F&J Ventures<br>Suite, Apt. #, etc.<br>8576 N.E. 19th Ave.<br>City & State<br>Ocala, Florida<br>Zip<br>34479 Country<br>USA |   |  |   |
| Suite, Apt. #, etc.   |  | 02252008 Chg-LLC CR2E083 (12/06)   |   |  |   |
| City & State  |  | <b>4. FEI Number</b>   |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |   |
| Zip   | Country  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   | <b>\$5.00 Additional Fee Required</b>                              |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MEINERS, LOUIS M JR<br>3073 HORSESHOE DRIVE SOUTH<br>SUITE 210<br>NAPLES, FL 34104  |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |   |
| <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 reinstating) DATE _____   |  |  |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MERSCHMAN, FRANCIS J<br>3255 N. US 19<br>PERRY, FL 32347 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MERSCHMAN, JEFFREY F<br>3255 N. US 19<br>PERRY, FL 32347 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <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> <i>Francis J. Meiners</i>   |  |  |   | 2/24/08 850-672-9192   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |   | Date Daytime Phone #   |   |