
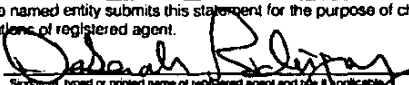



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-22-2008 90011 007 ***138.75

DOCUMENT # L07000113525			
1. Entity Name 13160 JACQUELINE ROAD, LLC			
Principal Place of Business 13160 JACQUELINE ROAD BROOKSVILLE, FL 34613 US		Mailing Address 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13160 Jacqueline Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Brooksville, Florida	
Zip	Country	Zip	Country
34613	US	34601	US
4. FEI Number 26-1394319		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE HOGAN LAW FIRM 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name: Deborah Rodriguez Street Address (P.O. Box Number is Not Acceptable) 13160 Jacqueline Road City: Brooksville FL Zip Code: 34613	
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: 		DATE: 8-19-08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, DEBORAH 8354 WINDRIDGE WAY BROOKSVILLE, FL 34613 <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
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
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: 		DATE: 8-19-08 352-596-8326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	