


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90039 037 ***138.75

DOCUMENT # L07000115641		
1. Entity Name LES JENKINS LLC		

Principal Place of Business 707 EAST FLAG WAY KISSIMMEE, FL 34759 US	Mailing Address 707 EAST FLAG WAY KISSIMMEE, FL 34759 US
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2. Principal Place of Business - No P.O. Box # 707 EAST FLAG WAY Suite, Apt. #, etc.	3. Mailing Address 707 EAST FLAG WAY Suite, Apt. #, etc.
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City & State Kissimmee FL	City & State Kissimmee FL
Zip 34759	Zip 34759
Country USA	Country USA

60001038



01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1698744		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JENKINS, LES L 707 EAST FLAG WAY KISSIMMEE, FL 34759		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, SAMANTHA L 707 EAST FLAG WAY KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 609, Florida Statutes.

SIGNATURE: Les L. Jenkins Date: Jan. 2, 2008 407 933 0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE