

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038835

Entity Name: JRCR, LLC.

FILED
Apr 30, 2012
Secretary of State

Current Principal Place of Business:

11421 RABUN GAP DRIVE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

1923 SW 37TH TER
CAPE CORAL, FL 33914 US

Current Mailing Address:

11421 RABUN GAP DRIVE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

11 WALKING HORSE ST
HILTON HEAD ISLAND, SC 29926

FEI Number: 26-2475171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREY, RICHARD W
11421 RABUN GAP DRIVE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

FREY, RICHARD W
1923 SW 37TH TER
CAPE CORAL, FL 33914 US

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.

SIGNATURE:

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FREY, RICHARD W
Address: 1923 SW 37TH TER
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: HOWE, RANIE J
Address: 1923 SW 37TH TER
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM
Name: FLEMING, JAMES C
Address: 3345 ECLIPSE DR
City-St-Zip: JEFFERSON, MD 21755

Title: MGRM
Name: FLEMING, JEAN L
Address: 3345 ECLIPSE DR
City-St-Zip: JEFFERSON, MD 21755

Title: MGRM
Name: MICHAEL FREY, JOHN
Address: 4120 WOODLYN TER
City-St-Zip: YORK, PA 17402

Title: MGRM
Name: SUSAN FREY, REBECCA
Address: 4120 WOODLYN TER
City-St-Zip: YORK, PA 17402

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD W FREY

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date