

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031295

**Entity Name:** JEFFERY JOHN L.L.C.

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

305 CARCABA ROAD  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**  
P O BOX 489  
WOODS HOLE, MA 02543

**New Mailing Address:**

**FEI Number:** 45-1196679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOSE, JOHN T  
305 CARCABA ROAD  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VOSE, JOHN T  
Address: P O BOX 489  
City-St-Zip: WOODS HOLE, MA 02543

Title: MGR  
Name: SCHENK, JEFFREY M  
Address: 1421 N. WHITNEY STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR  
Name: SCHENK, KATHY M  
Address: 1421 N. WHITNEY STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: JOHN T VOSE

MGRM

03/29/2011

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