

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 012 \*\*\*\*55.00

**DOCUMENT # L98000002793**

1. Entity Name  
**J. BERRY HOLDINGS, L.C.**



Principal Place of Business  
**PO BOX 459  
LABELLE, FL 33975-0459**

Mailing Address  
**P.O. BOX 725  
ATTN: KATHY MCDANIEL  
WINDERMERE, FL 34786-0725**



2. Principal Place of Business  
**2520 sand Mine Road**

3. Mailing Address

03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-3543436**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOYD, THOMAS C  
2520 SAND MINE ROAD  
DAVENPORT, FL 33897**

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

Signature, typed or printed name of registered agent and title if applicable.

**Thomas C. Floyd, Agent**

(NOTE: Registered Agent Signature Required when reinstating)

DATE

**4-3-06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERRY, JACK M JR.  
PO BOX 725  
WINDERMERE, FL 347860725** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEVERS, DANIEL J  
2520 SAND MINE ROAD  
DAVENPORT, FL 33897** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Jack M. Berry, Jr., Managing Member**

Date

Daytime Phone #

**4/4/06**

**(407)909-0540**