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Secretary of State
05-03-2006 90038 036 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004700

1. Entity Name
JLN HOLDINGS, L.C.

20043665

Principal Place of Business 6001 Medici Ct
~~2033 MAIN STREET, SUITE 600~~
SARASOTA, FL ~~34237~~ 34243

Mailing Address 6001 Medici Ct
~~2033 MAIN STREET, SUITE 600~~
SARASOTA, FL ~~34237~~ 34243

DO NOT WRITE IN THIS SPACE

04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0947133
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, THOMAS E
1264 DREW STREET
LAKELAND, FL 33810

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALVEY, D. GARY
STREET ADDRESS	~~2033 MAIN STREET, SUITE 600~~ 6001 Medici ct
CITY-ST-ZIP	SARASOTA, FL ~~34237~~ 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 _____ 4/24/06 941-351-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #