

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063538

FILED
Jan 08, 2008
Secretary of State

Entity Name: JERRY VALENTE, PH.D., J.D., M.B.A., PLC

Current Principal Place of Business:

6821 SOUTHPOINT DR., NORTH
SUITE 131
JACKSONVILLE, FL 32216

New Principal Place of Business:

3733 UNIVERSITY BOULEVARD, WEST
SUITE 208
JACKSONVILLE, FL 32217

Current Mailing Address:

6821 SOUTHPOINT DR. NORTH
SUITE 131
JACKSONVILLE, FL 32216

New Mailing Address:

3733 UNIVERSITY BOULEVARD, WEST
SUITE 208
JACKSONVILLE, FL 32217

FEI Number: 20-1480813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTE, JERRY R
6821 SOUTHPOINT DR. ,NORTH
SUITE 131
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

VALENTE, JERRY R
3733 UNIVERSITY BOULEVARD, WEST
SUITE 208
JACKSONVILLE, FL 32217 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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALENTE, JERRY R
Address: 6821 SOUTHPOINT DR., NORTH, SUITE 131
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALENTE, JERRY R
Address: 3733 UNIVERSITY BLVD., WEST, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JERRY VALENTE

OWNE

01/08/2008

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