2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L07000026798

Entity Name: JAFFETILCHIN INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

6928 W. LINEBAUGH AVE.
STE. 101
TAMPA, FL 33625 US

New Principal Place of Business:

3924 PREMIER NORTH DRIVE
TAMPA, FL 33618 US

Current Mailing Address:

6928 W. LINEBAUGH AVE.
STE. 101
TAMPA, FL 33625 US

New Mailing Address:

3924 PREMIER NORTH DRIVE
TAMPA, FL 33618 US

FEI Number: 33-1156397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, ROBERT J
6928 W. LINEBAUGH AVE.
STE. 101
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

JAFFE, SCOTT
3924 PREMIER NORTH DRIVE
TAMPA, FL 33618 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: SCOTT JAFFE 04/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOOD, ROBERT J
Address: 6928 W. LINEBAUGH - STE. 101
City-St-Zip: TAMPA, FL 33625 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TILCHIN, LOUIS
Address: 3924 PREMIER NORTH DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Change (X) Addition
Name: JAFFE, SCOTT
Address: 3924 PREMIER NORTH DR
City-St-Zip: TAMPA, FL 33618 US

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: SCOTT JAFFE MGRM 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date