

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000458

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** J.E.M. SANIBEL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957

**New Mailing Address:**

FEI Number: 65-0842234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOUWERS, THOMAS R  
1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957 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 ( ) Delete  
Name: MILLS, JOHN  
Address: 1619 PERIWINKLE WAY, SUITE 102  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM ( ) Delete  
Name: MILLS, BRIGITTE  
Address: 1619 PERIWINKLE WAY SUITE 102  
City-St-Zip: SANIBEL ISLAND, FL 33957

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN MILLS

MR.

03/27/2009

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