

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005965

FILED
Apr 02, 2008
Secretary of State

Entity Name: JETA GROVE, LLC

Current Principal Place of Business:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

New Principal Place of Business:

780 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102

Current Mailing Address:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

New Mailing Address:

780 FIFTH AVENUE SOUTH
SUITE 200
NAPLES, FL 34102

FEI Number: 59-3815353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARBONNEAU, CHERYL L
780 FIFTH AVENUE SOUTH, STE. 200
NAPLES, FL 34102 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: MGR () Delete
Name: NATHANSON, MICHAEL J
Address: 2 ATLANTIC AVE
City-St-Zip: BOSTON, MA 02110

Title: MGR () Delete
Name: HAMILTON, KIRBY A
Address: 2 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: MGR () Delete
Name: SADLER, STEPHEN T
Address: 2 ATLANTIC AVE
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES:

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

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: MICHAEL J. NATHANSON

MGR

04/02/2008

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