

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005965

FILED
Apr 15, 2009
Secretary of State

Entity Name: JETA GROVE, LLC

Current Principal Place of Business:

C/O THE COLONY GROUP
TWO ATLANTIC AVENUE
BOSTON, MA 02110

New Principal Place of Business:

Current Mailing Address:

C/O THE COLONY GROUP
TWO ATLANTIC AVENUE
BOSTON, MA 02110

New Mailing Address:

FEI Number: 59-3815353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 04/15/2009

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