

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030803

FILED
Apr 20, 2009
Secretary of State

Entity Name: J & B SUMMERSET APARTMENTS, LLC

Current Principal Place of Business:

2269 SOLSTICE ST
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH ANISKO
1 GLENVIEW DRIVE
WATCHUNG, NJ 07060 US

New Mailing Address:

FEI Number: 02-0652959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, VICTOR M
1970 MICHIGAN AVE., BLDG. C
COCOA, FL 32922 US

Name and Address of New Registered Agent:

ANISKO, MICHAEL MGRM
2269 SOLTICE ST
MELBOURNE, FL 32935 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: MICHAEL ANISKO

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANISKO, JOSEPH
Address: 1 GLENVIEW DR.
City-St-Zip: WATCHUNG, NJ 07060

Title: MGRM () Delete
Name: ANISKO, EUGENIA
Address: 1 GLENVIEW DR
City-St-Zip: WATCHUNG, NJ 07060

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: ANISKO, MICHAEL
Address: 2269 SOLSTICE ST
City-St-Zip: MELBOURNE, FL 32935 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: JOSEPH ANISKO

MGRM

04/20/2009

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