

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016846

FILED
Apr 28, 2009
Secretary of State

Entity Name: JAKS, LLC

Current Principal Place of Business:

980 N FEDERAL HIGHWAY
402
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 N FEDERAL HIGHWAY
402
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-4312802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILL T. SMITH, JR., P.A.
980 N FEDERAL HIGHWAY
402
BOCA RATON, FL 33432 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: METAPHYSICAL, LLC
Address: 980 N FEDERAL HIGHWAY, 402
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: IVJ, LLC
Address: 2 E CAMINO REAL, 100
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: TAL, LLC
Address: 15800 LOXAHATCHEE ROAD
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: IVJ, LLC
Address: 2300 NW CORPORATE BLVD. #212
City-St-Zip: BOCA RATON, FL 33431

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: BILL T. SMITH JR PA

MGR

04/28/2009

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