

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39834

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** JLA MANAGEMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

9900 W. SAMPLE RD.  
STE. #300  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

9900 W. SAMPLE RD.  
STE. #300  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0001089      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALLEN, JAMES J  
9900 W SAMPLE RD  
STE 300  
CORAL SPRINGS, FL 33065 US

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

ALLEN, JAMES J  
9900 W SAMPLE RD  
STE 300  
CORAL SPRINGS, FL 33065 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: JAMES J. ALLEN      04/29/2008  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ALLEN, JAMES J.,  
Address: 9900 WEST SAMPLE ROAD #300  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD      ( ) Delete  
Name: ALLEN, LYNDA S.,  
Address: 9900 W. SAMPLE ROAD #300  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA S. ALLEN      VD      04/29/2008  
Electronic Signature of Signing Officer or Director      Date