

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007662

Entity Name: JAIMEVAN, L.L.C.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

4855 27 STREET WEST
BRADENTON, FL 34207

New Principal Place of Business:

2902 OLD ORCHARD LANE
PARRISH, FL 34219

Current Mailing Address:

4855 27 STREET WEST
BRADENTON, FL 34207

New Mailing Address:

2902 OLD ORCHARD LANE
PARRISH, FL 34219

FEI Number: 65-1028702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENTILE, JAMES D
4855 27 STREET WEST
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

GENTILE, JAMES D
2902 OLD ORCHARD LANE
PARRISH, FL 34219 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:

01/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GENTILE, JAMES D
Address: 4855 27 STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: MGR () Delete
Name: CANNON, JENNIFER R
Address: 823 HOLLINGSWORTH ROAD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GENTILE, JAMES D
Address: 2902 OLD ORCHARD LANE
City-St-Zip: PARRISH, FL 34219

Title: MGR (X) Change () Addition
Name: CANNON-GENTILE, JENNIFER R
Address: 2902 OLD ORCHARD LANE
City-St-Zip: PARRISH, FL 34219

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: JAMES D. GENTILE

MGR

01/03/2008

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