

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002161

Entity Name: JOKANE REALTY, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

345 JUPITER LAKES BLVD #300
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

345 JUPITER LAKES BLVD #300
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-1080127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEISENBACHER, JUSTIN
345 JUPITER LAKES BLVD #300
JUPITER, FL 33458 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: MARINI, MATTHEW A
Address: 2305 RIVERWOODS DR
City-St-Zip: NAPERVILLE, IL 60565

Title: MGR () Delete
Name: WEISENBACHER, JUSTIN
Address: 345 JUPITER LAKES BLVD #300
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: KATZ, TAMMY
Address: 345 JUPITER LAKES BLVD #300
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARINI, MATTHEW A
Address: 291 CARAVELLE DRIVE
City-St-Zip: JUPITER, FL 33458

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: JUSTIN WEISENBACHER

MGR

02/17/2009

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