

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013786

FILED
Apr 29, 2009
Secretary of State

Entity Name: JEM STAR ENTERPRISES LLC

Current Principal Place of Business:

1801 S FED HWY STE 300
DELRAY BEACH, FL 33483

New Principal Place of Business:

1801 S FEDERAL HWY
STE 300
DELRAY BEACH, FL 33483

Current Mailing Address:

1801 S FED HWY STE 300
DELRAY BEACH, FL 33483

New Mailing Address:

1801 S FEDERAL HWY
STE 300
DELRAY BEACH, FL 33483

FEI Number: 65-1131009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

MICHAEL G. PARK, P.A.
1801 S FEDERAL HWY
STE 300
DELRAY BEACH, FL 33483 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 G. PARK, ESQ.

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DESALVO, MICHAEL
Address: 1801 S FED HWY STE 300
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: GOLDSTEIN, JON
Address: 1801 S FED HWY STE 300
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

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: JON GOLDSTEIN

MGRM

04/29/2009

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