

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015046

Entity Name: JACIN ENTERPRISES L.L.C.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

4329 GLENDON PLACE
VALRICO, FL 335947807

New Principal Place of Business:

4329 GLENDON PLACE
VALRICO, FL 335967807

Current Mailing Address:

4329 GLENDON PLACE
VALRICO, FL 335947807

New Mailing Address:

4329 GLENDON PLACE
VALRICO, FL 335967807

FEI Number: 74-3050799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGH, JOHN
4329 GLENDON PLACE
VALRICO, FL 335947807 US

Name and Address of New Registered Agent:

FIGH, JOHN
4329 GLENDON PLACE
VALRICO, FL 335967807 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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIGH, JOHN
Address: 4329 GLENDON PLACE
City-St-Zip: VALRICO, FL 335947807

Title: MGRM () Delete
Name: FIGH, CINDY
Address: 4329 GLENDON PLACE
City-St-Zip: VALRICO, FL 335947807

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FIGH, JOHN
Address: 4329 GLENDON PLACE
City-St-Zip: VALRICO, FL 335967807

Title: MGRM (X) Change () Addition
Name: FIGH, CINDY
Address: 2512 MIDDLETON GROVE DR
City-St-Zip: BRANDON, FL 33511

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: JOHN FIGH

MGRM

04/22/2008

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