2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025844

1. Entity Name SPACEJAZZ, LLC



Principal Place of Business

7240 MOURNING DOVE CT. TITUSVILLE, FL 32780 US Mailing Address

7240 MOURNING DOVE CT. TITUSVILLE, FL 32780 US

FILED Apr 17, 2008 08:00 A Secretary of State



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applical

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JERRY, MOYER 7240 MOURNING DOVE CT. TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

8.	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.	I am familiar with, and a	acce
	the obligations of registered agent.		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000903973 04/30/08-80064-019 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYER, JERRY MGRM 7240 MOURNING DOVE COURT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP - 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 ustee empowered to execute this report as required by Chapter 608, Florida Statutes.