

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013635

Entity Name: JESSANTA, LLC

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

## New Principal Place of Business:

1200 BEN FRANKLIN DRIVE  
12-D  
SARASOTA, FL 34236

## Current Mailing Address:

P.O. BOX 1753  
LAWRENCE, KS 66044 US

## New Mailing Address:

FEI Number: 20-1774730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

SANTAULARIA, JE  
1700 BEN FRANKLIN DRIVE  
12-D  
SARASOTA, FL 34236 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: JE SANTAULARIA

03/06/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANTAULARIA, J E  
Address: P. O. BOX 1753  
City-St-Zip: LAWRENCE, KS 66044

Title: MGR (X) Delete  
Name: SANTAULARIA, DONNA  
Address: P. O. BOX 1753  
City-St-Zip: LAWRENCE, KS 66044

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANTAULARIA, J E  
Address: 1700 BEN FRANKLIN DRIVE 12-D  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JE SANTAULARIA

MGR

03/06/2007

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