

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026342

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GRACE JORDAN ENTERPRISES LLC

**Current Principal Place of Business:**

12472 LAKE UNDERHILL RD  
SUITE # 108  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

12472 LAKE UNDERHILL RD  
SUITE # 108  
ORLANDO, FL 32828 US

**Current Mailing Address:**

12472 LAKE UNDERHILL RD  
SUITE # 108  
ORLANDO, FL 32828 US

**New Mailing Address:**

FEI Number: 01-0791487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, JAMES F  
12472 LAKE UNDERHILL RD  
SUITE # 108  
ORLANDO, FL 32828 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: MGRM ( ) Delete  
Name: JORDAN, JAMES F  
Address: 12472 LAKE UNDERHILL RD SUITE # 108  
City-St-Zip: ORLANDO, FL 32828 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: LIRIANO-PEREZ, YZA M  
Address: 12472 LAKE UNDERHILL RD SUITE # 108  
City-St-Zip: ORLANDO, FL 32828 US

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: JAMES F JORDAN

MGRM

04/30/2009

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