

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030277

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** JAAC ENTERPRISES, LLC

**Current Principal Place of Business:**

700A STEVENS AVENUE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

700A STEVENS AVENUE  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 41-2109058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUDOVICI, JOSEPH P ESQ  
16709 HUTCHISON RD.  
ODESSA, FL 33556 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: MAN ( ) Delete  
Name: LUDOVICI, JOSEPH P  
Address: 16709 HUTCHISON RD  
City-St-Zip: ODESSA, FL 33556 US

Title: VP ( ) Delete  
Name: CONOVER, GAIL  
Address: 5 BAY STREET P.O. 623  
City-St-Zip: OZONA, FL 34660 US

Title: TREA ( ) Delete  
Name: MORTIMER, AMANDA  
Address: 900 MAXIMO AVE.  
City-St-Zip: CLEARWATER, FL 33759

Title: SEC ( ) Delete  
Name: ANGELA, UCHIRIN  
Address: 1787 RANCHWOOD DR. SOUTH  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

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

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

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:** JOSEPH P. LUDOVICI

MAN

03/19/2009

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