2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L03000032043

Entity Name: JALTED, LLC

Current Principal Place of Business:

2277 MAIN STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2277 MAIN STREET
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 04-3776142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADDEN, JOSEPH M
2277 MAIN STREET
FORT MYERS, FL 33901 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:	MADDEN, JOSEPH M	
Address:	2277 MAIN STREET	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	MADDEN, LISA	
Address:	1131 VESPER DR.	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	MGRM	( ) Delete
Name:	CROSBIE, THOMAS	
Address:	513 PECK STREET	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	CROSBIE, ALBANIA G	
Address:	513 PECK STREET	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGRM	( ) Delete
Name:	HENDRIX, EDGAR	
Address:	4701 LONE PINE COURT	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	MGRM	( ) Delete
Name:	HENDRIX, DONNA	
Address:	4701 LONE PINE COURT	
City-St-Zip:	FORT MYERS, FL 33905	

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:	
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 M. MADDEN, JR. MGRM 04/30/2009

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