2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032043

Entity Name: JALTED, LLC

FILED Jan 04, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2277 MAIN STREET FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2277 MAIN STREET FORT MYERS, FL 33901

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

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

MADDEN, JOSEPH M JR.
2277 MAIN STREET
FORT MYERS, FL 33901 US

MADDEN, JOSEPH M JR.
2277 MAIN STREET
FORT MYERS, FL 33901 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: JOSEPH M. MADDEN, JR. 01/04/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 MADDEN, JOSEPH M JR.

 Address:
 2277 MAIN STREET

 City-St-Zip:
 FORT MYERS, FL 33901

 Title:
 MGRM

 Name:
 MADDEN, LISA

 Address:
 1131 VESPER DR.

 City-St-Zip:
 FORT MYERS, FL 33901

Title: MGRM

Name: CROSBIE, THOMAS
Address: 513 PECK STREET
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM

 Name:
 CROSBIE, ALBANIA G

 Address:
 513 PECK STREET

 City-St-Zip:
 FORT MYERS, FL 33912

Title: MGRM

Name: HENDRIX, EDGAR
Address: 4701 LONE PINE COURT
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM

Name: HENDRIX, DONNA
Address: 4701 LONE PINE COURT
City-St-Zip: FORT MYERS, FL 33905

I hereby 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 Statues.

SIGNATURE: JOSEPH M. MADDEN, JR. MGRM 01/04/2011

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