

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003591

Entity Name: JAVER ASSOCIATES, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

235 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

514 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

235 LANSING ISLAND DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

514 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 06-1727602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYER, DAVID W
1790 HWY A1A, SUITE 205
SATELLITE BEACH, FL 32937 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: GURGANIOUS, LE ROY
Address: 235 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR () Delete
Name: PAPPAS, REGINE M
Address: 514 LANTERBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM () Delete
Name: PAPPAS, COSTAS
Address: 514 LANTERBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR () Delete
Name: GURGANIOUS, VALORA S
Address: 235 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GURGANIOUS, LE ROY
Address: 12306 BONNYBRIDGE LNE
City-St-Zip: KNOXVILLE, TN 37922

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

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

Title: MGR (X) Change () Addition
Name: GURGANIOUS, VALORA S
Address: 12306 BONNYBRIDGE LNE
City-St-Zip: KNOXVILLE, TN 37922

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: COSTAS PAPPAS

MGRM

04/21/2009

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