2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010053

Entity Name: JEP OF FLORIDA, LLC

FILED Jun 10, 2009 Secretary of State

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

C/O LANDMARK DEVELOPMENT GROUP 10034 BOCA AVENUE SOUTH 5692 STRAND COURT NAPLES, FL 34109 US

NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP

5692 STRAND COURT

NAPLES, FL 34110 US

10034 BOCA AVENUE SOUTH

NAPLES, FL 34109 US

FEI Number: 20-0695639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COHEN & GRIGSBY, P.C.

27200 RIVERVIEW CENTER BLVD.

SUITE 309

BONITA SPRINGS, FL 34134 US

NOVATT, JEFF M ESQ.

821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: JEFF M. NOVATT ESQ. 06/10/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 PIERCE, JAMÉS E
 Name:
 PIERCE, JAMÉS E

 Address:
 5692 STRAND COURT
 Address:
 10034 BOCA AVENUE SOUTH

 City-St-Zip:
 NAPLES, FL 34110 US
 City-St-Zip:
 NAPLES, FL 34109 US

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 E. PIERCE MGR 06/10/2009