


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000011611</b> 1. Entity Name <b>JAMAICA LANE LLC</b>	
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Principal Place of Business <b>225 JAMAICA LANE PALM BEACH, FL 33480</b>	Mailing Address <b>% JOHN STIEFEL, FREEBORN &amp; PETERS 311 SOUTH WACKER, SUITE 3000 CHICAGO, IL 60606</b>
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

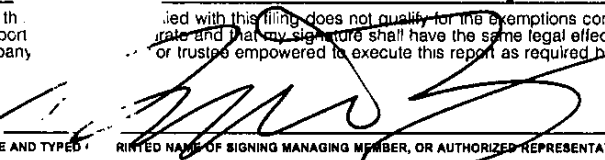
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR VESLEY, SCOTT <del>225 JAMAICA LANE</del> 225 JAMAICA LANE PALM BEACH, FL 334803321
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UG00000607087  
01/31/07-80023-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information indicated on this report was true and correct for the limited liability company.

I further certify that the information indicated on this report was true and correct for the limited liability company.

SIGNATURE:  1/28/07

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #