2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060592

1. Entity Name
JACLAY DEVELOPMENT, LLC

Principal Place of Business

200 OCEAN AVE

SUITE 202 MELBOURNE BEACH, FL 32951 200 OCEAN AVE

DO NOT WRITE IN THIS SPACE

SUITE 202 MELBOURNE BEACH, FL 32951

Mailing Address

US

FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90113 027 ***138.75

50003543



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1493018

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

.6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQUIRE 1311 BEDFORD DRIVE MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

the obliga	e named entity submits this statement for the purpose of chartions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	was the same and the same of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP* -	MGR MORSE, ROBERT W 200 OCEAN AVE SUITE 202 MELBOURNE BEACH, FL 32951	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

NAME STREET ADDRESS CITY-ST-ZIP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #