

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005067

Entity Name: JOGADOBE LLC

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

1135 KANE CONCOURSE  
4TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

## Current Mailing Address:

1135 KANE CONCOURSE  
4TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

## New Principal Place of Business:

1170 KANE CONCOURSE  
5TH FLOOR  
BAY HARBOR ISLANDS, FL 33154

## New Mailing Address:

1170 KANE CONCOURSE  
5TH  
BAY HARBOR ISLANDS, FL 33154

FEI Number: 20-2795985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILINSKI, JAIME  
1135 KANE CONCOURSE  
4TH FLOOR  
BAY HARBOR ISLANDS, FL 33154 US

## Name and Address of New Registered Agent:

GILINSKI, JAIME  
1170 KANE CONCOURSE  
5TH FLOOR  
BAY HARBOR ISLANDS, FL 33154 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: JAIME GILINSKI

01/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GILINSKI, JAIME  
Address: 1135 KANE CONCOURSE  
City-St-Zip: 4TH FLOOR, FL 33154

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GILINSKI, JAIME  
Address: 1170 KANE CONCOURSE  
City-St-Zip: 5TH FLOOR, FL 33154

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: JAIME GILINSKI

MGR

01/12/2009

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