

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010390

Entity Name: JADEN LANE, LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

1009 SIMONTON STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

800 SIMONTON STREET  
KEY WEST, FL 33040

## Current Mailing Address:

1009 SIMONTON STREET  
KEY WEST, FL 33040

## New Mailing Address:

800 SIMONTON STREET  
KEY WEST, FL 33040

FEI Number: 56-2498169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURCHFIELD, GARY  
1009 SIMONTON STREET  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

BURCHFIELD, GARY  
800 SIMONTON STREET  
KEY WEST, FL 33040 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:

04/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BURCHFIELD, GARY  
Address: 1009 SIMONTON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: FELDMAN, DONNA  
Address: 1418 ANGELA STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BURCHFIELD, GARY  
Address: 800 SIMONTON STREET  
City-St-Zip: KEY WEST, FL 33040

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

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: BURCHFIELD, GARY

MGRM

04/29/2008

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