



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000019869</b>                |  |
| 1. Entity Name<br><b>JADEN ENTERPRISE LLC</b> |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>3002 RHETT CT<br/>TAMPA, FL 33618-2553</b> | Mailing Address<br><b>3002 RHETT CT<br/>TAMPA, FL 33618-2553</b> |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                    |                                                        |
|------------------------------------------------------------------------------------|--------------------------------------------------------|
|  |                                                        |
| 04152008 No Chg-LLC                                                                | CR2E083 (12/07)                                        |
| 4. FEI Number<br><b>20-2403814</b>                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$5.00</b> Additional Fee Required                  |

|                                                                  |
|------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>           |
| <b>APONTE, ALICIA<br/>3002 RHETT CT<br/>TAMPA, FL 33618-2553</b> |

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>APONTE, ROBERTO<br>3002 RHETT CT<br>TAMPA, FL 336182553 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>APONTE, ALICIA<br>3002 RHETT CT<br>TAMPA, FL 336182553  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 |

**DO NOT WRITE  
IN THIS SPACE**

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05/23/08-80073-019 138.75

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:** Alicia Aponte **04-30-08** **813-960-4175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #