2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 24, 2008
Secretary of State

DOCUMENT# L05000042745

Entity Name: JACALEX, LLC

Current Principal Place of Business:

1309 ASTURIA AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1309 ASTURIA AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

5727 NW 7TH ST #79
MIAMI, FL 33126 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DELGADO, CELSO C
1309 ASTURIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DELGADO, LUCIA C
1309 ASTURIA AVE
CORAL GABLES, FL 33134 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: LUCIA R DELGADO 09/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DELGADO, LUCIA R
Address: 1309 ASTURIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DELGADO, LUCIA R
Address: 5727 NW 7TH ST #79
City-St-Zip: MIAMI, FL 33126

Title: MRGM ( ) Change (X) Addition
Name: DELGADO, CELSO
Address: 5727 NW 7TH ST #79
City-St-Zip: MIAMI, FL 33126

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: LUCIA R DELGADO MGR 09/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date