2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# L05000051342

Entity Name: JERRY'S PROFESSIONAL SERVICE LLC

Current Principal Place of Business:

2201 S. BAY STREET, SUITE A
EUSTIS, FL 32726

New Principal Place of Business:

35407 FOX RUN CIRCLE
EUSTIS, FL 32736

Current Mailing Address:

P.O. BOX 451
EUSTIS, FL 32727

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILBERNAGEL, DEBORA
2201 S. BAY STREET, SUITE A
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

SILBERNAGEL, DEBORA
35407 FOX RUN CIRCLE
EUSTIS, FL 32736 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: DEBORA SILBERNAGEL 03/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SILBERNAGEL, DEBORA
Address: 2201 S. BAY STREET, SUITE A
City-St-Zip: EUSTIS, FL 32726

Title: MGRM ( ) Delete
Name: WASHINGTON, JERRY
Address: 2201 S. BAY STREET, SUITE A
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SILBERNAGEL, DEBORA
Address: 35407 FOX RUN CIRCLE
City-St-Zip: EUSTIS, FL 32736

Title: MGRM (X) Change ( ) Addition
Name: WASHINGTON, JERRY
Address: 35407 FOX RUN CIRCLE
City-St-Zip: EUSTIS, FL 32736

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: DEBORA SILBERNAGEL MGRM 03/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date