

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90075 037 ***138.75

DOCUMENT # L05000068225

1. Entity Name
JENSEN NORWOOD 1, LLC



Principal Place of Business
**4825 PEPPER BUSH LANE
BOYNTON BEACH, FL 33436**

Mailing Address
**4658 PINETREE DR
BOYNTON BEACH, FL 33436**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008 Chg-LLC CR2E083 (12/06)

City & State

City & State
BOCA RATON, FL

4. FEI Number
75-3195761

Applied For
Not Applicable

Zip Country

Zip Country
33432 USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETT, DAVID M
4658 PINETREE DR
BOYNTON BEACH, FL 33436

Name **SHAWN R. MAESEL**
Street Address (P.O. Box Number is Not Acceptable)
105 E PALMETTO PARK RD
City **BOCA RATON** FL Zip Code **33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
PRES MAESEL, SHAWN MR
STREET ADDRESS **4658 PINETREE DR**
CITY-ST-ZIP **BOYNTON BCH, FL 33436**

TITLE NAME ☒ Change ☐ Addition
105 E PALMETTO PARK RD
STREET ADDRESS **BOCA RATON, FL 33432**
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

[Handwritten Signature]