2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# L05000117828

Entity Name: 629 JEANNE, LLC

Current Principal Place of Business:

6538 COLLINS AVE
SUITE 252
MIAMI BEACH, FL 33141 FL

New Principal Place of Business:

Current Mailing Address:

6538 COLLINS AVE
SUITE 252
MIAMI BEACH, FL 33141 FL

New Mailing Address:

PO BOX 12113
FORT PIERCE, FL 34979 US

FEI Number: 51-0561919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLIESCHMAN, KENT
6538 COLLINS AVE #252
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KENT, FLESICHMAN
Address: 6538 COLLINS AVE, SUITE 252
City-St-Zip: MIAMI BEACH, FL 33139 FL

Title: MGRM ( ) Delete
Name: LAURA, FLEISCHMAN
Address: 6538 COLLINS AVE., SUITE 252
City-St-Zip: MIAMI BEACH, FL 33139 FL

ADDITIONS/CHANGES:

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

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: KENT FLEISCHMAN MGRM 01/25/2008

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