2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L05000121350

Entity Name: JMG LANESE ENTERPRISES, L.L.C.

Current Principal Place of Business:

7304 PELICAN ISLAND DR.
TAMPA, FL 336347470

New Principal Place of Business:

7304 PELICAN ISLAND DR.
TAMPA, FL 336347470 US

Current Mailing Address:

7304 PELICAN ISLAND DR.
TAMPA, FL 336347470

New Mailing Address:

7304 PELICAN ISLAND DR.
TAMPA, FL 336347470 US

FEI Number: 84-1703366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANESE, JOSEPH W
7304 PELICAN ISLAND DR.
TAMPA, FL 336347470 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: LANESE, JOSEPH W
Address: 7304 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 336347470

Title: MGRM ( ) Delete
Name: LANESE, GLORIA M
Address: 7304 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 336347470

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LANESE, JOSEPH W MGRM
Address: 7304 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 336347470 US

Title: MGRM (X) Change ( ) Addition
Name: LANESE, GLORIA M MGRM
Address: 7304 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 336347470 US

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: JOSEPH W. LANESE MGRM 04/11/2009

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