2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005549

Entity Name: PAMELA JEFFREY ASSOCIATES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1004 TARAY DE AVILA TAMPA, FL 33613	

Current Mailing Address:	**New Mailing Address:**
1004 TARAY DE AVILIA TAMPA, FL 33613	1004 TARAY DE AVILA TAMPA, FL 33613

FEI Number: 59-2533783   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CLAUER, PAMELA 1004 TARAY DE AVILA TAMPA, FL 33613 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CLAUER, JOSEPH	Name:	
Address:	909 GUISANDO DE AVILA	Address:	
City-St-Zip:	TAMPA, FL 33613	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CLAUER, PAMELA	Name:	
Address:	1004 TARAY DE AVILA	Address:	
City-St-Zip:	TAMPA, FL 33613	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KELLY, GENE	Name:	
Address:	16106 DARNELL RD.	Address:	
City-St-Zip:	LUTZ, FL 33549	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	KELLEY, NANCY	Name:	
Address:	16106 DARNELL ROAD	Address:	
City-St-Zip:	LUTZ, FL 33549	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: PAM CLAUER   MM   01/31/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date