

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014686

Entity Name: FOUR JAYS HOLIDAYS, LLC.

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

240 SANDS POINT ROAD
APT. 4201
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

240 SANDS POINT ROAD
APT. 4201
LONGBOAT KEY, FL 34228 US

New Mailing Address:

1990 MAIN STREET,
SUITE 801
SARASOTA, FL 34236 US

FEI Number: 20-8648153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENDINNINE, RENE M CPA
1990 MAIN STREET
SUITE 801
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

GLENDINNING, RENE M CPA
1990 MAIN STREET
SUITE 801
SARASOTA, FL 34236 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: RENE M. GLENDINNING

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHARMAN, JOHN C
Address: 240 SANDS POINT ROAD, APT. 4201
City-St-Zip: LONGBOAT KEY, FL 34228 FL

Title: MGR () Delete
Name: SHARMAN, JACQUELINE
Address: 240 SANDS POINT ROAD, APT. 4201
City-St-Zip: LONGBOAT KEY, FL 34228 US

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: JOHN C SHARMAN

MGR

04/11/2009

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