2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L06000023022

Entity Name: JACKIELEN, LLC

Current Principal Place of Business:

11444 NIGHT HERON DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

11444 NIGHT HERON DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, ARLENE F
5811 PELICAN BAY BLVD., SUITE 201
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

AUSTIN, ARLENE F
700 11TH ST. SOUTH
102
NAPLES, FL 34102 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: ARLENE F. AUSTIN 02/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROSE, LEONARD A
Address: 11444 NIGHT HERON DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: ROSE, JACQUELINE
Address: 11444 NIGHT HERON DRIVE
City-St-Zip: NAPLES, FL 34119

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: JACQUELINE ROSE MGRM 02/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date