

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029304

Entity Name: JENKS EVENTS LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

212 BEACH DRIVE
1
DESTIN, FL 32541

New Principal Place of Business:

502 SHEFFIELD ROAD
FORT WALTON BEACH, FL 32547

Current Mailing Address:

212 BEACH DRIVE
1
DESTIN, FL 32541

New Mailing Address:

502 SHEFFIELD ROAD
FORT WALTON BEACH, FL 32547

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

Name and Address of Current Registered Agent:

JENKINS, JASON P
212 BEACH DRIVE
1
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

JENKINS, JASON P
502 SHEFFIELD ROAD
FORT WALTON BEACH, FL 32547 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:

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JENKINS, JASON P
Address: 212 BEACH DRIVE APT.1
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: JENKINS-TURI, ELISABETA
Address: 212 BEACH DRIVE APT.1
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENKINS, JASON P
Address: 502 SHEFFIELD ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGR (X) Change () Addition
Name: JENKINS, ELISABETA
Address: 502 SHEFFIELD ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 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: JASON PATRICK JENKINS

MGR

04/10/2008

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