

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037918

Entity Name: JACKLIN 33 35, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

29 MADRID LANE
DAVIE, FL 33324 US

New Principal Place of Business:

257 LAKE DRIVE BLVD.
SEBRING, FL 33875 US

Current Mailing Address:

29 MADRID LANE
DAVIE, FL 33324 US

New Mailing Address:

257 LAKE DRIVE BLVD.
SEBRING, FL 33875 US

FEI Number: 20-4838818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIESO, RAUL R
29 MADRID LANE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

KNOX, MICHAEL K
35 WALKER LANE
LAKE PLACID, FL 33852 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: MICHAEL K. KNOX

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAVIESO, RAUL R
Address: 29 MADRID LANE
City-St-Zip: DAVIE, FL 33324 US

Title: MGR () Delete
Name: TRAVIESO, SYLVIA M
Address: 29 MADRID LANE
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRAVIESO, RAUL R
Address: 257 LAKE DRIVE BLVD.
City-St-Zip: SEBRING, FL 33875 US

Title: MGR (X) Change () Addition
Name: TRAVIESO, SYLVIA M
Address: 257 LAKE DRIVE BLVD.
City-St-Zip: SEBRING, FL 33875 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: RAUL R. TRAVIESO

MGR

04/29/2008

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