2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000071526

1. Entity Name
JAINES CITY ARCADE, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

771 PINETREE ROAD WINTER PARK, FL 32789 US 771 PINETREE ROAD WINTER PARK, FL 32789

US



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 20-5348441

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

BENDER, RALPH É 771 PINETREE ROAD WINTER PARK, FL 32789

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8.	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. I am familiar with, and accept the obligations of registered agent.
	the obligations of registered agent.
~	CNATION

(NOTE: Registered Agent expreture required when reinstating)

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U80000911222 05/07/08-80031-020 138.75

DATE

MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE BENDER, RALPH E NAME STREET ADDRESS 771 PINETREE ROAD WINTER PARK, FL 32789 CITY-ST-ZIP TITLE MGRM NAME BENDER, JANE K STREET ADDRESS 771 PINETREE ROAD CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: NO PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

RALPH BENDER

4-18-08

Date

Daytime Phone #