

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000080585</b>                      |  |
| 1. Entity Name<br><b>JANO MANAGEMENT GROUP, LLC</b> |                                                                                   |

|                                                                                 |                                                                            |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>454 23RD ST. S.E.<br/>VERO BEACH FL 32962</b> | Mailing Address<br><b>454 23RD ST. S.E.<br/>VERO BEACH FL 32962<br/>US</b> |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|



|                                                                                                                |  |                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country |  |
|----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|

|                                                                                          |                                                        |
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| 1st MOORE CR2E083 (10/07)                                                                |                                                        |
| 4. FEI Number<br><b>51-0609643</b>                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                                        |

|                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>GOWLAND, JAN E<br/>454 23RD ST. S.E.<br/>VERO BEACH FL 32962</b> |  |
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|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|

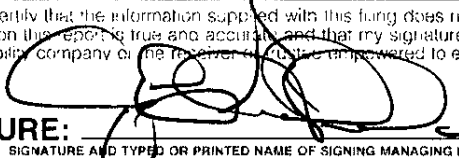
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p align="center"><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                    | 10. ADDITIONS / CHANGES                        |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOWLAND, JAN E<br>454 23RD ST. S.E.<br>VERO BEACH FL 32962 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the estate empowered to execute this report as required by Chapter 609, Florida Statutes.

**SIGNATURE:**  **JAN E GOWLAND** **1/26/08 712 201 2801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE