2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L06000084541

Entity Name: JAKE, LLC

Current Principal Place of Business:

500 PALM ST.
23
WEST PALM BEACH, FL 33401

New Principal Place of Business:

500 PALM ST.
SUITE 23
WEST PALM BEACH, FL 33401

Current Mailing Address:

500 PALM ST.
23
WEST PALM BEACH, FL 33401

New Mailing Address:

500 PALM ST.
SUITE 23
WEST PALM BEACH, FL 33401

FEI Number: 11-3789206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOX, JAMES P
500 PALM ST
23
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

KNOX, JAMES P
500 PALM ST
SUITE 23
WEST PALM BEACH, FL 33401 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: _____ 05/06/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNOX, JAMES P
Address: 500 PALM ST. #23
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Delete
Name: KNOX, ANNA MARIE P
Address: 500 PALM ST. #23
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Delete
Name: KNOX, KATHERINE D
Address: 500 PALM ST, #23
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KNOX, JAMES P
Address: 500 PALM ST. #23
City-St-Zip: WEST PALM BEACH, FL 33401

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: CLAIRE A. DUMAS AR 05/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date