

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097772

FILED  
Aug 25, 2008  
Secretary of State

Entity Name: JACE MCMAN WEBVELOPMENTS LLC

**Current Principal Place of Business:**

3311 NE 14 TERRACE  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

3311 NE 14 TERRACE  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

FEI Number: 20-5684013      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:**

**Name and Address of New Registered Agent:**

VANYO, STEPHEN III  
3311 NE 14 TERRACE  
POMPANO BEACH, FL 33064 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANYO, STEPHEN III  
Address: 3311 NE 14 TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: MGRM ( ) Delete  
Name: MCMANIGLE, SCOTT  
Address: 2245 NICHOLS RD #E  
City-St-Zip: ARLINGTON HEIGHTS, FL 60004 US

**ADDITIONS/CHANGES:**

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: STEPHEN VANYO III

MGRM

08/25/2008

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