# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# L06000111159

**Entity Name:** JERLI, LLC

**Current Principal Place of Business:**

8190 JOG ROAD
SUITE 100
BOYNTON BEACH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8190 JOG ROAD
SUITE 100
BOYNTON BEACH, FL 33472

**New Mailing Address:**

**FEI Number: 20-5916850** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROSENWATER, BRUCE S
1601 FORUM PLACE
SUITE 1200
WEST PALM BEACH, FL 33401 US

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

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: QUINONEZ, GERARDO MD
Address: 8190 JOG ROAD, SUITE 100
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Delete
Name: QUINONEZ, LISA
Address: 8190 JOG ROAD, SUITE 100
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: QUINONEZ, GERARDO MD
Address: 8190 JOG ROAD, SUITE 100
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGRM (X) Change ( ) Addition
Name: QUINONEZ, LISA
Address: 8190 JOG ROAD, SUITE 100
City-St-Zip: BOYNTON BEACH, FL 33472

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: LISA QUINONEZ MGRM 01/26/2009

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