2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# L07000002498

Entity Name: JENNIFER HOWARD LLC

Current Principal Place of Business:

10200 BELLE RIVE BLVD., APT. 4604
JACKSONVILLE, FL 32256

New Principal Place of Business:

4887 NORTHFORD PLACE EAST
JACKSONVILLE, FL 32257

Current Mailing Address:

10200 BELLE RIVE BLVD., APT. 4604
JACKSONVILLE, FL 32256

New Mailing Address:

4887 NORTHFORD PLACE EAST
JACKSONVILLE, FL 32257

FEI Number: 20-8412311 **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:

PFADENHAUER, STEPHEN III
10200 BELLE RIVE BLVD., APT. 4604
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

PFADENHAUER, STEPHEN III
4887 NORTHFORD PLACE EAST
JACKSONVILLE, FL 32257 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: 07/02/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWARD, JENNIFER
Address: 10200 BELLE RIVE BLVD., APT. 4604
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOWARD, JENNIFER
Address: 4887 NORTHFORD PLACE EAST
City-St-Zip: JACKSONVILLE, FL 32257

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: JENNIFER HOWARD MGRM 07/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date