


FILED
Apr 25, 2008 8:00 am
Secretary of State

60028738

DOCUMENT # L07000019135				04-25-2008 90022 013 ***138.75	
1. Entity Name JACKSON SQUARE, LLC					
Principal Place of Business 19950 W. COUNTRY CLUB DR. STE 101 AVENTURA, FL 33160		Mailing Address 19950 W. COUNTRY CLUB DR. STE 101 AVENTURA, FL 33160			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		60028738	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 Chg-LLC CR2E083 (12/08)	
City & State		City & State		4. FEI Number 26-0290279	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRINKLER, REBECCA S 19950 W. COUNTRY CLUB DR. STE 101 AVENTURA, FL 33160				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, JACK 301 GRANT STREET 20TH FLOOR PITTSBURG, PA 15219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARELLO, RAY 19501 BISCAYNE BLVD., STE 400 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, EUGENE 19501 BISCAYNE BLVD., STE 400 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSLER, STUART 19501 BISCAYNE BLVD., STE 400 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENBERG, MICHAEL 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESELSBERG, JOEY 11098 BISCAYNE BLVD - STE 103 MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>JOEY ESELSBERG</u> 4-22-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					