

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049300

Entity Name: JCN ASSOCIATES, LLC

FILED  
Mar 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1573 ALEXANDER RD.  
BELLEAIR, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

1573 ALEXANDER RD.  
BELLEAIR, FL 33756 US

**New Mailing Address:**

FEI Number: 26-0171377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEIMAN, JAMES C  
14563 EL PASEO DRIVE  
SEMINOLE, FL 33776 US

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

NEIMAN, JAMES C  
1573 ALEXANDER ROAD  
BELLEAIR, FL 33756 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

03/15/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEIMAN, JAMES C  
Address: 14563 EL PASEO DRIVE  
City-St-Zip: SEMINOLE, FL 33776 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NEIMAN, JAMES C  
Address: 1573 ALEXANDER ROAD  
City-St-Zip: BELLEAIR, FL 33756 US

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: JAMES C. NEIMAN

MGR

03/15/2009

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