

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056833

Entity Name: MI-JACK L.L.C.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

3300 CAYMAN LANE
NAPLES, FL 34119

New Principal Place of Business:

4833 MARTINIQUE WAY
NAPLES, FL 34119

Current Mailing Address:

3300 CAYMAN LANE
NAPLES, FL 34119

New Mailing Address:

4833 MARTINIQUE WAY
NAPLES, FL 34119

FEI Number: 26-0330505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, JACK
3300 CAYMAN LANE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

ERICKSON, JACK
4833 MARTINIQUE WAY
NAPLES, FL 34119 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:

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ERICKSON, MICHAL LEE
Address: 3300 CAYMAN LANE
City-St-Zip: NAPLES, FL 34119

Title: MGR () Delete
Name: ERICKSON, JOHN EDWARD
Address: 3300 CAYMAN LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ERICKSON, MICHAL LEE
Address: 4833 MARTINIQUE WAY
City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change () Addition
Name: ERICKSON, JOHN EDWARD
Address: 4833 MARTINIQUE WAY
City-St-Zip: NAPLES, FL 34119

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: JACK ERICKSON

MGR.

04/19/2009

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