

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000070349

1. Entity Name  
JAY BUNK 212, LLC



Principal Place of Business  
200 SE CELESTIA COURT  
PORT ST. LUCIE, FL 34983

Mailing Address

200 SE CELESTIA COURT  
PORT ST. LUCIE, FL 34983

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 880011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Saint Lucie, FL

Zip

Country

Zip

Country

34988-0011 United States

6. Name and Address of Current Registered Agent

BUNK, JAY PHILIP  
200 SE CELESTIA COURT  
PORT ST. LUCIE, FL 34983

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

Signature, typed or printed name of registered agent and title if applicable.

(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			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
10. ADDITIONS/CHANGES			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-13-08

772 979 0468

Date

Daytime Phone #

01-18-2008 90017 041 \*\*\*138.75

60002334



01132008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-0530212**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent