2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

490 SAWGRASS CORPORATE PARKWAY, SUITE 100

SUNRISE, FL 33325

Address:

City-St-Zip:

DOCUMENT# L07000081787

Entity Name: JARGRASS, L.L.C.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 490 SAWGRASS CORPORATE PARKWAY SUITE 100 SUNRISE, FL 33325 **Current Mailing Address: New Mailing Address:** 490 SAWGRASS CORPORATE PARKWAY SUITE 100 SUNRISE, FL 33325 FEI Number: 26-0700164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAMER, ANDREW 490 SAWGRASS CORPORATE PARKWAY SUITE 100 SUNRISE, FL 33325 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 Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete KRAMER, ANDREW Name: Name: Address: 490 SAWGRASS CORPORATE PARKWAY, SUITE 100 Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: LASKIN, RONI Name: Address: 490 SAWGRASS CORPORATE PARKWAY, SUITE 100 Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WEISS, JANE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ANDREW KRAMER MGR 03/23/2009