## 2008 LIMITED LIABILITY COMPANY

ANNOAL REPORT									
DOCUMENT # L07000103633  1. Entity Name JAWAKI, LLC					FILED 2008 MAR I I AM 6: 45				
Principal Place of Business 4206 MERCANTILE AVE. NAPLES, FL 34104		Mailing Address PO BOX 7309 NAPLES, FL 34101		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	01072008 Chg-LLC CR2E083 (12/06)				
City & State		City & State			4. FEI Numbe	er ·		$\vdash$	plied For t Applical
Zip Country		Zip	Country		5. Certificate	of Status Desired		.00 Add	litional
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered Ager	nt	
			Name		•			·	
	6, JACK E LEE ANN FSHORE BLVD N FL 34103		Street	Address (	P.O. Box Numbe	er is Not Acceptable	e)		
		City			·		FL	Zip Cod	e
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 acce the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
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 MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERTS, JACK E 4051 GULFSHORE BLVD #1202 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>700</b> : 03/25/08-	121223 -01042009	_	Change 50	☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE WARREN, PIERCE D 3 UNIVERSITY AVE BURLINGTON, MA 01803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		Change	Addit
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SEC KIMBERLEE, ROBERTS A 4051 GLUFSHORE BLVD #1202 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			:		Change	[] Addit
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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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: