2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121131

Entity Name: JAMIE BROOKS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6030 LEE MOORE RD BALDWIN, FL 32234 **Current Mailing Address: New Mailing Address:** 6030 LEE MOORE RD BALDWIN, FL 32234 FEI Number: 26-1519484 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: BROOKS, JAMIE 6030 LEE MOORE RD BALDWIN, FL 32234 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: MGR Title: (X) Change () Addition () Delete BROOKS, JAMIE BROOKS, JAMIE B MGR Name: Name: 6030 LEE MOORE RD Address: 6030 LEE MOORE RD Address: City-St-Zip: BALDWIN, FL 32234 City-St-Zip: BALDWIN, FL 32234 () Change (X) Addition Title: Title: MGR () Delete Name: Name: BROOKS, JAMIE B MGRMGR Address: Address: 6034 LEE MOORE RD City-St-Zip: City-St-Zip: MAXVILLE, FL 32234 Title: () Delete Title: MGR () Change (X) Addition BROOKS, JAMIE B MGR Name: Name: 6034 LEE MOORE RD Address: Address: City-St-Zip: City-St-Zip: MAXVILLE, FL 32234 Title: () Delete Title: MGR () Change (X) Addition Name: Name: BROOKS, JAMIE B MGR 6034 LEE MOORE RD Address: Address: City-St-Zip: City-St-Zip: MAXVILLE, FL 32234 Title: () Delete Title: MGR () Change (X) Addition BROOKS, JAMIE B MGR Name: Name: 6034 LEE MOORE RD Address: Address: City-St-Zip: City-St-Zip: MAXVILLE, FL 32234 Title: () Delete Title: () Change (X) Addition BROOKS, JAMIE B MGR Name: Name: Address: Address: 6034 LEE MOORE RD MAXVILLE, FL 32234 City-St-Zip: City-St-Zip:

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: JAMIE BROOKS MGR 04/30/2009