

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013663

FILED
Apr 08, 2009
Secretary of State

Entity Name: JAKE & ELWOOD HOLDING COMPANY, LLC

Current Principal Place of Business:

26 NORTH BEACH STREET, STE. C
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

26 NORTH BEACH STREET, STE. C
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUMBLESON, J. DOYLE
150 SOUTH PALMETTO AVENUE, 3RD FLOOR
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: JABLONSKI, RICHARD A
Address: 26 NORTH BEACH STREET, STE. C
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JABLONSKI, PAUL R
Address: 601 SOUTH DELAWARE BLVD.
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Change (X) Addition
Name: DEBRITTO, KENNETH
Address: 10301 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33324

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: RICHARD A. JABLONSKI

MGRM

04/08/2009

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