2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000045514

Entity Name: JACARANDA VENTURES, LLC

Current Principal Place of Business:

100 2ND AVENUE, SOUTH
SUITE 204N
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

147 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

100 2ND AVENUE, SOUTH
SUITE 204N
ST. PETERSBURG, FL 33701 US

New Mailing Address:

147 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG, FL 33701 US

FEI Number: 26-2559012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWE, JAMES C ESQUIRE
100 2ND AVENUE, SOUTH
SUITE 204N
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

ROWE, JAMES C ESQUIRE
147 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG, FL 33701 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: 04/23/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LLOYD, WILLIAM C
Address: 100 2ND AVENUE SOUTH, SUITE 204N
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LLOYD, WILLIAM C
Address: 147 2ND AVENUE SOUTH, SUITE 400
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: WILLIAM C. LLOYD MGRM 04/23/2009

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