2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

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Entity Name: JACAVI, ENTERPRISES, RECORDINGS, CONSULTING "LLC"

Current Principal Place of Business:

802 AMETHYST WAY
VALRICO, FL 33594

New Principal Place of Business:

1705 CRESSWELL MANOR COURT
DOVER, FL 33527

Current Mailing Address:

802 AMETHYST WAY
VALRICO, FL 33594

New Mailing Address:

P.O.BOX 6614
SEFFNER, FL 33583

FEI Number: 32-0276572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, IVAN R
802 AMETHYST WAY
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

JONES, IVAN R
1705 CRESSWELL MANOR COURT
DOVER, FL 33527 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: IVAN R. JONES 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JONES, IVAN R
Address: 802 AMETHYST WAY
City-St-Zip: VALRICO, FL 33594 US

Title: MGR ( ) Delete
Name: JONES, KEZIAH M
Address: 802 AMETHYST WAY
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, IVAN R
Address: 1705 CRESSWELL MANOR COURT
City-St-Zip: DOVER, FL 33527 US

Title: MGR (X) Change ( ) Addition
Name: JONES, KEZIAH M
Address: 1705 CRESSWELL MANOR COURT
City-St-Zip: DOVER, FL 33527 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: IVAN R. JONES MGR 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date