

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069400

FILED
Jun 16, 2009
Secretary of State

Entity Name: JAMIKOWNA ENTERPRISES LLC

Current Principal Place of Business:

801 N ORANGE AVE
STE 500
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

801 N ORANGE AVE
STE 500
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 26-3155367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, JASON
801 N ORANGE AVE
STE 500
ORLANDO, FL 32801 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:

Title: MGR () Delete
Name: BROWN, JASON
Address: 801 N ORANGE AVE STE 500
City-St-Zip: ORLANDO, FL 32801 US

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

Title: MGR () Delete
Name: DELLAPIA, MICHAEL JR
Address: 801 N ORANGE AVE STE 500
City-St-Zip: ORLANDO, FL 32801 US

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

Title: MGR () Delete
Name: JENNINGS, JOHN
Address: 801 N ORANGE AVE STE 500
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
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: MICHAEL DELLAPIA

MGR

06/16/2009

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