

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083158

Entity Name: 4919 JAMESTOWN, LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

828 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

828 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 26-3337784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSTER, SAMUEL  
828 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FL 33316      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  
Name: CELESTE G. KOSTER REVOCABLE TRUST AGREEMEN  
Address: 828 PONCE DE LEON DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM  
Name: ESTEP, MARK  
Address: 4919 JAMESTOWN AVENUE  
City-St-Zip: BATON ROUGE, LA 70808

I hereby 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: SAMUEL KOSTER      MGR      04/14/2010

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