

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086244

FILED
Jan 28, 2009
Secretary of State

Entity Name: JUMP UP I, LLC

Current Principal Place of Business:

3417 HORACIO ST., APT. 2
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3417 HORACIO ST., APT. 2
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 80-0256673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVAS, YURI
3417 HORACIO ST., APT. 2
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

RIVAS, YURI G
3417 HORACIO ST., APT. 2
TAMPA, FL 33609 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: YURI G RIVAS

01/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARGAS, JAMES
Address: 5028 SAN MIGUEL STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: VARGAS, MOISES
Address: 1714 S HUBERT AVE.
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Delete
Name: RIVAS, YURI
Address: 3417 HORACIO ST., APT. 2
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARGAS, JIMMY
Address: 5028 SAN MIGUEL STREET
City-St-Zip: TAMPA, FL 33629 US

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

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: YURI G RIVAS

MGRM

01/28/2009

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