

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089341

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: JAMBELLIES LLC

**Current Principal Place of Business:**

1285 TALLEVAST RD.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

1285 TALLEVAST RD.  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 26-3344015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

J. MASCIO FINANCIAL SERVICES  
4906 OLD CREEK DR.  
SARASOTA, FL 34233 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: MGR ( ) Delete  
Name: LAMBERT, ARTHUR D. JR.  
Address: 1564 BAY POINT DR  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: BERNARD, KEITH D.  
Address: 339 MONTGOMERY AVE.  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM ( ) Delete  
Name: BERNARD, FRANK A. JR.  
Address: 349 BEACON HARBOR DR  
City-St-Zip: BRADENTON, FL 342127003

Title: MGRM ( ) Delete  
Name: PETERSON, PETE  
Address: 1243 THORNAPPLE DR.  
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete  
Name: MCKNIGHT, LEE A. JR  
Address: 7249 HOSBROOK RD.  
City-St-Zip: CINCINNATI, OH 45243

Title: MGRM ( ) Delete  
Name: MASCIO, GINA L.  
Address: 1906 OLD CREEK DR  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

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

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

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

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

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: DEAN A. LAMBERT

MGRM

02/20/2009

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