

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093629

FILED
Feb 10, 2009
Secretary of State

Entity Name: J.A. CALIBRE INVESTMENT GROUP, LLC

Current Principal Place of Business:

8191 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Principal Place of Business:

4172 LANCASTER DRIVE
SARASOTA, FL 34241 US

Current Mailing Address:

8191 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Mailing Address:

4172 LANCASTER DRIVE
SARASOTA, FL 34241 US

FEI Number: 26-3591465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, NEVIN A ESQUIRE
100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

FLOTTERON, JOSEPH A JR
4172 LANCASTER DRIVE
SARASOTA, FL 34241 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: JOSEPH A. FLOTTERON, JR.

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLOTTERON, JOSEPH A JR
Address: 4172 LANCASTER DR.
City-St-Zip: SARASOTA, FL 34241 US

Title: MGRM () Delete
Name: FREED, JONATHAN L
Address: 5126 TREESDALE CT.
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES:

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: JOSEPH A. FLOTTERON, JR.

MGRM

02/10/2009

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