2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L08000101990

Entity Name: UNCLE JIM'S ARCADE LLC

Current Principal Place of Business:

4107 S. TAMIAMI TRAIL
VENICE, FL 32493

New Principal Place of Business:

Current Mailing Address:

4107 S. TAMIAMI TRAIL
VENICE, FL 32493

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEGROOT, WHELDON
2434 HAVEN STREET
PORT CHARLOTTE, FL 33948 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 ( ) Delete
Name: SMITH, BRUCE T
Address: 9270 SW LIPE ROAD
City-St-Zip: ARCADIA, FL 34269

Title: MGRM ( ) Delete
Name: DEGROOT, WHELDON
Address: 2434 HAVEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete
Name: BUSTETTER, MARK A
Address: 2124 NORTH US 41, SUITE 102
City-St-Zip: SARASOTA, FL 34234

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:

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: WHELDON DEGROOT RA 03/10/2009

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