

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105037

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: JOHN'S LIFT LLC

## Current Principal Place of Business:

205 N ORANGE AVENUE  
SUITE 2N  
SARASOTA, FL 34236 US

## Current Mailing Address:

205 N ORANGE AVENUE  
SUITE 2N  
SARASOTA, FL 34236 US

## New Principal Place of Business:

2170 MAIN STREET  
SUITE 401  
SARASOTA, FL 34237 US

## New Mailing Address:

2170 MAIN STREET  
SUITE 401  
SARASOTA, FL 34237 US

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

## Name and Address of Current Registered Agent:

GAGLIARDI, INNOCENZO  
205 N ORANGE AVENUE  
SUITE 2N  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

GAGLIARDI, INNOCENZO  
2170 MAIN STREET  
SUITE 401  
SARASOTA, FL 34237 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:

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: IRSCHFELD, JEAN A  
Address: 48 AVENUE DU PINSON  
City-St-Zip: RAISMES, 59 59590 FR

Title: MGRM ( ) Delete  
Name: FOSSIEZ, YVES D  
Address: 5 RUELLAUX LOUPS  
City-St-Zip: POIX DU NORD, 59 59218 FR

## 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: JEAN IRSCHFELD

MGR

04/24/2009

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