

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091566

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** JACKSONS GYMNASTICS L.L.C.

**Current Principal Place of Business:**

7101 PRESIDENTS DRIVE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

7101 PRESIDENTS DRIVE, SUITE 399  
ORLANDO, FL 32809 US

**Current Mailing Address:**

7101 PRESIDENTS DRIVE  
ORLANDO, FL 32809 US

**New Mailing Address:**

7101 PRESIDENTS DRIVE SUITE 399  
ORLANDO, FL 32809 US

**FEI Number:** 80-0491213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JACKSON, KATHLEEN  
6606 KINGSPONTE PKWY  
ORLANDO, FL 32819 US

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

JACKSON, KATHLEEN  
7101 PRESIDENTS DRIVE SUITE 399  
ORLANDO, FL 32809 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:

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JACKSON, KATHLEEN  
Address: 2900 LANGLEY PARK CT.  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR  
Name: JACKSON, REBECCA  
Address: 2900 LANGLEY PARK CT.  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGR  
Name: JACKSON, JILLIAN  
Address: 2900 LANGLEY PARK CT.  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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: KATHLEEN JACKSON

OWNE

05/03/2010

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