

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000109882

Entity Name: JUBILEE-CHAYIL HOMES LLC

FILED
May 01, 2010
Secretary of State

Current Principal Place of Business:

9712 CASA LINDA COURT
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:
9712 CASA LINDA COURT
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 27-1335704 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: **Name and Address of New Registered Agent:**

BABAFEMI, EHINDERO
9712 CASA LINDA COURT
FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: EHINDERO, BABAFEMI
Address: 9712 CASA LINDA COURT
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM
Name: EHINDERO, OMOTAYO A
Address: 9712 CASA LINDA COURT
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM
Name: OKESANYA, AYOKUNLE
Address: 3017 W. JARLATH ST
City-St-Zip: CHICAGO, IL 60645 US

Title: MGRM
Name: EKUNDARE, OLUBUNMI
Address: 9200 WEST BELLFORT ROAD, APT 61
City-St-Zip: HOUSTON, TX 77031 US

Title: MGRM
Name: AIYEPEKU, GBOYEGA
Address: 107 NORTHBAY CT
City-St-Zip: DICKSON, TX 77539 US

Title: MGRM
Name: NWAMU, DANIEL N
Address: 761 HADDON PLACE
City-St-Zip: OAKLAND, CA 94610 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: OMOTAYO EHINDERO

MGRM

05/01/2010

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