

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112896

Entity Name: JNL ONE, LLC

FILED  
Apr 25, 2010  
Secretary of State

**Current Principal Place of Business:**

1200 SW 48TH TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1200 SW 48TH TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-1379710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVRINCE, JEROME  
1200 SW 48TH TERRACE  
CAPE CORAL, FL 33914 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  
Name: LOVRINCE, JEROME  
Address: 1200 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR  
Name: LOVRINCE, NONA  
Address: 1200 SW 48TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR  
Name: CAMILLERI, DAVID A  
Address: 10 S MAIN SUITE 104  
City-St-Zip: MT CLEMENS, MI 48043

Title: MGR  
Name: SIMMONS, SCOTT M  
Address: 10 S MAIN SUITE 104  
City-St-Zip: MT CLEMENS, MI 48043

Title: MGR  
Name: SARVER, WES  
Address: 10 S. MAIN SUITE 104  
City-St-Zip: MT. CLEMENS, MI 48043

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: JEROME LOVRINCE

MGRM

04/25/2010

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