

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008780

Entity Name: JMC - BOOKER, L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1700 S. MACDILL AVE.
SUITE 360
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

1700 S. MACDILL AVE.
SUITE 360
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 42-1306116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTUCH, ROBERT H
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WALTUCH, ROBERT H
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CULVERHOUSE, JOY M
Address: 1700 S. MACDILL AVE. STE 360
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: LYNCH, SCOTT D
Address: 1700 S. MACDILL AVE. STE 360
City-St-Zip: TAMPA, FL 33629 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CHAPMAN, CHRISTOPHER L
Address: 1700 S. MACDILL AVE., STE 360
City-St-Zip: TAMPA, FL 33629 US

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: SCOTT LYNCH

MGR

04/30/2009

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