

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002245

FILED  
Aug 06, 2009  
Secretary of State

Entity Name: JAMBERLY, LLC

**Current Principal Place of Business:**

2280 VILLAGE SQUARE PARKWAY  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

2280 VILLAGE SQUARE PARKWAY  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

FEI Number: 26-2587100      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:**

DYER, JAMES  
2280 VILLAGE SQUARE PARKWAY  
FLEMING ISLAND, FL 32003      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      ( ) Delete  
Name: DYER, JAMES  
Address: 2280 VILLAGE SQUARE PARKWAY  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: MGR      ( ) Delete  
Name: FABIO, KIMBERLY  
Address: 2280 VILLAGE SQUARE PARKWAY  
City-St-Zip: FLEMING ISLAND, FL 32003

**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: JAMES H DYER

MR

08/06/2009

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