

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000006318  
 1. Entity Name  
 JETZSET, LLC



Principal Place of Business: 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394  
 Mailing Address: 500 EAST BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394



01132005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-1109036 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C  
 500 EAST BROWARD BLVD.  
 SUITE 1950  
 FT. LAUDERDALE, FL 33394

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2005

U00000322571  
 04/22/05-80016-021 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                           |
|----------------|---------------------------|
| TITLE          | MGR                       |
| NAME           | BAUR, THOMAS              |
| STREET ADDRESS | 5280 NW 21 AVE. HANGER 58 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33309  |
| TITLE          | MGR                       |
| NAME           | BAUR, CINDY               |
| STREET ADDRESS | 5280 NW 21 AVE. HANGER 58 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33309  |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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, or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: APR 08 2005 954-772-4694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #