2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000006318

1. Entity Name JETZSET, LLC

Mailing Address

Principal Place of Business 500 EAST BROWARD BLVD. **SUITE 1950** 

FT. LAUDERDALE, FL 33394

500 EAST BROWARD BLVD. **SUITE 1950** FT. LAUDERDALE, FL 33394

## FILED Apr 28, 2006 08:00 AN **Secretary of State**



03082006 No Chg-LLC

CR2E083 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

## DO NOT WRITE IN THIS SPACE

8	<ul> <li>The above named entity submits this statement for</li> </ul>	the purpose of changing its registered	l office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
	the obligations of registered agent.			· · · · · · · · · · · · · · · · · · ·

Signature, typed or printed name of registered agent and title if applicable,

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

U00000543152 05/10/06-80126-022 50.00

9. MANAGING MEMBERS/MANAGERS TITLE MGR BAUR, THOMAS NAME STREET ADDRESS 5280 NW 21 AVE, HANGER 58 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 TITLE MGR BAUR, CINDY MAME STREET ADORESS 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trastee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: