


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90535 035 ****50.00

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DOCUMENT # L01000014279					
1. Entity Name JASMEN OF PENSACOLA, L.L.C.					
Principal Place of Business 201-235 GULF BREEZE PKWY. GULF BREEZE, FL 32561			Mailing Address 25 W. CEDAR ST., STE. 230 PENSACOLA, FL 32502		
2. Principal Place of Business 4435 Gulf Breeze Pkwy		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 16-1627479	
Applied For		Not Applicable			
Zip 32563	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGAN, STEVE 25 W. CEDAR ST., STE. 230 PENSACOLA, FL 32502			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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		Steve Bogan, MGRM		3-16-05	
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, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRYS, ALAN	NAME			
STREET ADDRESS	2880 WHISPER BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOGAN, STEVE	NAME			
STREET ADDRESS	25 W. CEDAR ST., STE. 230	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Steve Bogan</u>		3-16-05		850-433-5833	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date		Daytime Phone #	