


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000006545</b> 1. Entity Name J.A.G.S. CONSULTANT, LLC	
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Principal Place of Business 300 SHORE DRIVE GULF BEACH BLVD. TARPON SPRINGS, FL 34689	Mailing Address P.O. BOX 50058 NEW ORLEANS, LA 70150-0058
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 13-2344112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GIC, JUDITH A  
 300 SHORE DRIVE  
 GULF BEACH BLVD.  
 TARPON SPRINGS, FL 34689

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIC, JUDITH A 300 SHORE DRIVE, GULF BEACH BLVD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELTON, PHILIP A 300 SHORE DRIVE, GULF BEACH BLVD. TARPON SPRINGS, FL 34689
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 02/20/08-80016-003 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Judith A. Gic      Date: 2/7/08      Daytime Phone #: 504-606-8610

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