

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080237

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: JORN ENTERPRISES, LLC

**Current Principal Place of Business:**

3121 FAIRLANE FARMS ROAD  
UNIT #4  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

14745 HORSESHOE TRACE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORN, FREDERICK A III  
14745 HORSESHOE TRACE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: JORN, FREDERICK A III  
Address: 14745 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: JORN, LOUISE A  
Address: 14745 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414 US

**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 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: FREDERICK A JORN, III                      M                      01/06/2006

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