


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000112721 |  |
| 1. Entity Name JAG PALM BEACH REPLACEMENT, LLC | |

| | |
|---|---|
| Principal Place of Business 915 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 | Mailing Address 915 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 |
|---|---|

DO NOT WRITE IN THIS SPACE



01312007No Chg-LLC CR2E083 (11/05)

| | |
|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|--|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**ISICOFF, ERIC D ESQ
 1200 BRICKELL AVENUE, STE 1900
 MIAMI, FL 33131**

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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SIMPSON, ROBERT W JR 915 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 |
| 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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000630763
 02/20/07-80020-015 50.00

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: Robert W. Simpson, Jr. **2/7/07** **561-659-6206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #