


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90021 030 ****50.00

DOCUMENT # L00000002187	
1. Entity Name JAWORSKI MANAGEMENT, LLC	

Principal Place of Business 3632 MANOR DRIVE HIGHLAND IN 46322	Mailing Address 3632 MANOR DRIVE HIGHLAND IN 46322
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State	City & State	4. FEI Number 35-2102902	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HANSON, DAVID J ACTON MANAGMENT SERVICES 5738 MISSOURI AVENUE NEW PORT RICHEY FL 34652	
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7. Name and Address of New Registered Agent Name MICHAEL DeFLUITER Street Address (P.O. Box Number is Not Acceptable) Alternative Property Management & REAL ESTATE, INC 6141 Grand BLVD City new Port Richey FL Zip Code 34652	
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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 <u><i>Michael DeFluter</i></u> 3/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAWORSKI, HENRY E 3632 MANOR DRIVE HIGHLAND IN 46322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAWORSKI, SHIRLEY M 3632 MANOR DRIVE HIGHLAND IN 46322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Henry E Jaworski MGRM</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<u><i>March 22, 2006 (219) 924-5876</i></u> <small>Date Daytime Phone #</small>
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