


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90205 015 ****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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 35-2102902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFLEITER, MISHAEL ALT. PROPERTY MNGMNT & REAL ESTATE 6141 GRAND BOULEVARD NEW PORT RICHEY FL 34652	
7. Name and Address of New Registered Agent Name NADA WEBB - HOUSE HUNTIN REALTY, LLC Street Address (P.O. Box Number is Not Acceptable) 5509 GRAND BLVD. SUITE 303 City NEW PORT RICHEY FL Zip Code 34652	

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 *Nada Webb* 3/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Henry E Jaworski* MGRM HENRY E. JAWORSKI MGRM March 10, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE