TOUS LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000007662

1. Entity Name
JAIMEVAN, L.L.C.

FILED
Jan 21, 2005 08:00 AM
Secretary of State

Principal Place of Business

2902 OLD ORCHARD LANE PARRISH, FL 34219 Mailing Address

2902 OLD ORCHARD LANE PARRISH, FL 34219



DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1028702 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, PATRICIA P 2902 OLD ORCHARD LANE PARRISH, FL 34219

DO NOT WRITE IN THIS SPACE

		1		
8. The above the obligat	named entity submits this statement for the purpose of chations of registered agent.	inging its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE,				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstalling) DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			_
TITLE NAME . STREET ADDRESS CITY - ST - ZIP	MGR GENTILE, JAMES D 2902 OLD ORCHARD LÄNE PARRISH, FL 34219		000000189437 01/24/05-800 97-005 50. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 2 -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	-		
TITLE NAME				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS

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

118/05

9417569527

Daytime Phone #