2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 25, 2005 08:00	
1. Entity Nam	MENT # L00000008 ¹ JST, L.L.C.	102		Secre	etary of State
Data de la Disc	10.	41			
Principal Place 317 S TENNI LAKELAND, F	essee ave	Mailing Address P.O. BOX 829 LAKELAND, FL 33801			
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				4. FEI Number 59-3669211	Applied For Not Applicable
			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
TROIANO, D.A. TRUSTEE 317 S TENNESSEE AVE LAKELAND, FL 33801				DO NOT WRIT	
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				IN THIS SPAC	E
	named entity submits this statement for lons of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	of title if apolicable (NOTE Registers	ed Agent signature reduked	d when reinstaling) DA	ATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005			<u> विकास स्थाप के प्राप्त के किया है ।</u>	
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME	MGR TROIANO, D.A. TRUSTEE				
STREET ADDRESS CITY-ST-ZIP	317 S TENNESSEE AVE LAKELAND, FL 33801		1		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: (D. A. Troiano, T'ee)

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

CITY - ST - ZIP

4/22/05

(863) 686-7136

Daytime Phone #