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Secretary of State
03-18-2004 90182 050 ****50.00

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03022004 Chg-LLC CR2E083 (10/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010729

1. Entity Name
JAEGER FAMILY, L.L.C.

Principal Place of Business	Mailing Address
135 NO. KNOWLES AVENUE WINTER PARK, FL 32789	135 NO. KNOWLES AVENUE WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
1250 College Point	1250 College Point
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 59-3673997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JAEGER, DONALD C 135 NO. KNOWLES AVENUE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jaeger, Donald C 1250 College Point Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM JAEGER, SARAH P 135 NO. KNOWLES AVENUE WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jaeger, Sarah P. 1250 College Point Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Donald C. Jaeger 3/14/04 407 718-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #