


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90290 001 *****50.00
04-24-2006 90290 002 *****5.00

DOCUMENT # L00000011159	
1. Entity Name JUMP START INVESTMENTS, L.L.C.	

Principal Place of Business 6312 US HIGHWAY 301 NORTH, PMB#396 ELLENTON FL 34222	Mailing Address 6312 US HIGHWAY 301 NORTH, PMB#396 ELLENTON FL 34222
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2. Principal Place of Business 2411 TALLEVAST RD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1125 Suite, Apt. #, etc.
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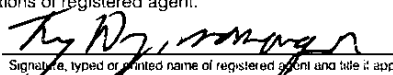
1st MOORE CR2E083 (10/05)

City & State Sarasota, FL	City & State TALLEVAST, FL
Zip 34243	Zip 34270
Country	Country

4. FEI Number 65-1039617	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent DESENBERG, TREY 3208 BAY DRIVE BRADENTON FL 34207	
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7. Name and Address of New Registered Agent Name DESENBERG, TREY Street Address (P.O. Box Number is Not Acceptable) 2411 TALLEVAST RD City Sarasota FL Zip Code 34243	
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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 	TREY DESENBERG, MANAGER DATE 2/17/06

<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	MGR DESENBERG, TREY 3208 BAY DRIVE BRADENTON FL 34207 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESENBERG, TREY 2411 TALLEVAST RD. SARASOTA, FL 34243 <input checked="" 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:  **Trey Desenberg, manager** **2/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **941-755-3000**