2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

– FILED Apr 19, 2007 08:00 All Secretary of State DOCUMENT # L00000013004 1. Entity Name JAY GROUP, LLC Principal Place of Business Mailing Address 17761 SAN CARLOS BLVD. 17761 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 65-1060364 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SWAMI, SANMUKH Street Address (P.O. Box Number is Not Acceptable) 17761 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931 City Zip Codo 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 little if applicable (NOTE: Registered Agent signature required when reinstaling FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State 💮 📆 🤫 😭 🦆 Đuề By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES IIILE IIILE ☐ Addition MGRM ☐ Delete Change NAME SWAMI, SANMUKH NAME STREET ADDRESS STREET ADDRESS 17761 SAN CARLOS BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition NAME SWAMI, MAGAN L NAME STREET ADDRESS STREET ADDRESS 17761 SAN CARLOS BLVD. CHY-SI-ZIP CITY-SI-7P FORT MYERS BEACH FL 33931 IONE Defete Addition Addition **MGRM** HILE ☐ Change NAME NAME SWAMI, VIKASBEN S STREET ADDRESS STREET ADDRESS 17761 SAN CARLOS BLVD. CITY-ST-ZIP CITY-SI-ZIP FORT MYERS BEACH FL 33931 THIE ☐ Delete TIME ☐ Change ☐ Addition MGRM NAME NAME ZAVER, SARLA STREET ADDRESS STREET ADDRESS 17761 SAN CARLOS BLVD. U000000716171 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 .no TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under each: that I am a managing member or manager of the limited liability company or the receiver or true

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

SIGNATURE: #110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP

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