## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000004227

1. Entity Name

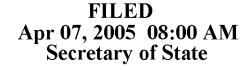
JASMINE PROPERTIES, L.L.C.

Principal Place of Business Mailing Address

Principal Place of Business Mailing Address

2255 LINWOOD AVE.

NAPLES, FL 34112 NAPLES, FL 34112



Daytime Phone #



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHELPS, ROBERT J 2255 LINWOOD AVE. NAPLES, FL 34112

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

## DO NOT WRITE IN THIS SPACE

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 reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS	The second secon	the state of the s
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHELPS, ROBERT J 2255 LINWOOD AVE. NAPLES, FL 34112		<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000291578 04/07/05-80037-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>
11. I hereby certify that the information supplied with this filling 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 empawered to execute this report as required by Chapter 608, Florida Statutes.			