2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90124 019 ***138.75

DOCUMENT # L01000014279

1. Entity Name
JASMEN OF PENSACOLA, L.L.C.

Principal Place of Business	Mailing Address
4435 GULFBREEZE PKWY GULF BREEZE, FL 32563	25 W CEDAR STREET SUITE 30 PENSACOLA, FL 32502

600277234

01252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
415 S. Florida Blanca	P.O. Box 563
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.:
City & State: Pensacola FL	City & State: Gulf Breeze FL
Zip: 32502 Country: USA	Zip: 32562 Country: USA

4. FEI Number 16-1627479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOGAN, STEVE 25 W. CEDAR ST., STE. 230 PENSACOLA, FL 32502	Name Street Address (P.O. Box Number is Not Acceptable) 415 S. Florida Blanca Suite 5 City Pensacola FL Zip Code 32502

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRYS, ALAN 2880 WHISPER BAY BLVD. GULF BREEZE, FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1628 Whisper Bay Blvd Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGAN, STEVE 25 W. CEDAR ST., STE. 230 PENSACOLA, FL 32502	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 415 S. Florida Blanca, Suite 5 Pensacola, FL 32502
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 exemptions contained in Chapter 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: [signature] C. Bogan 4-17-08 850-433-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #