


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005003 1. Entity Name JAMAICA HOLDINGS, LLC	
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Principal Place of Business 3988 MANATEE AVENUE EAST BRADENTON, FL 34208	Mailing Address 3988 MANATEE AVENUE EAST BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0457826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OLSON, PAUL E 1776 RINGLING BLVD. SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

U00000308770
04/16/05-80010-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGS, ROBERT L 289 LIME CIR. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMUELS, IONIE V 289 LIME CIR. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>R Bergs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4-11-05</u> <small>Date</small>	<u>941 745 9903</u> <small>Daytime Phone #</small>
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