

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90073 022 ****55.00

DOCUMENT # L02000008072

1. Entity Name
JA HOLDING COMPANY, LLC



Principal Place of Business 1320 SE FEDERAL HWY 212 STUART, FL 34994	Mailing Address 1320 SE FEDERAL HWY 212 STUART, FL 34994
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2. Principal Place of Business 109 Lake Thomas Dr	3. Mailing Address 109 Lake Thomas Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07222006 Chg-LLC CR2E083 (11/05)

City & State Winter Haven	City & State Winter Haven
Zip 33880	Country USA
Zip 33880	Country USA

4. FEI Number 04-3638756	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

AYALA, GLENN
 1320 SE FEDERAL HWY STE 212
 STUART, FL 34994

7. Name and Address of New Registered Agent

Name **Jaime Ayala**

Street Address (P.O. Box Number is Not Acceptable)
109 LK. THOMAS DR.

City **Winter Haven**

State **FL** Zip Code **33880**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME AYALA, JAIME	
STREET ADDRESS 1320 SE FEDERAL HWY STE 212	
CITY-ST-ZIP STUART, FL 34994	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AYALA, JAIME	
STREET ADDRESS 109 LK. THOMAS DR.	
CITY-ST-ZIP WINTER HAVEN FL. 33880	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jaime Ayala **July 25-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #