2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026816

1. Entity Name
JAKZ, LLC

Principal Place of Business	Mailing Address
5780 TAYLOR ROAD, UNIT #2 NAPLES, FL 34109	5780 TAYLOR ROAD, UNIT #2 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
57-1136215		Not Applicable

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

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000191121
01/24/05--80158--015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LANG, PETER R
STREET ADDRESS	5780 TAYLOR ROAD, UNIT #2
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Peter R Lang_   1/19/05   239-514-4176

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