2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L02000031556

Entity Name: JAN FORSZPANIAK INVESTMENTS, L.L.C.

Current Principal Place of Business:

730 GOODLETTE ROAD, STE. 204
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

730 GOODLETTE ROAD, STE. 204
NAPLES, FL 34102

New Mailing Address:

FEI Number: 57-1142323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTH, CATHERINE M CPA
1008 GOODLETTE ROAD, STE. 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

FOSTH, CATHERINE M CPA
501 GOODLETTE RD N
D-304
NAPLES, FL 34102 US

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.

SIGNATURE: CATHERINE M FOSTH CPA 04/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FORSZPANIAK, JAN
Address: 730 GOODLETTE RD 204
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete
Name: JAN FORSZPANIAK MGT, INC
Address: 730 GOODETTE RD 204
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAN FORSZPANIAK MGR 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date