2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031556

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

Principal Place of Business	Mailing Address
730 GOODLETTE ROAD, STE. 204 NAPLES, FL 34102	730 GOODLETTE ROAD, STE. 204 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

04182006 No Chg-LLC CR2E033 (11/05)

4. FEI Number
57-1142323
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ U00000547119 05/12/06-80011-014 50.00
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FORSZPANIAK, JAN
STREET ADDRESS	730 GOODLETTE RD 204
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	JAN FORSZPANIAK MGT INC
STREET ADDRESS	730 GOODETTE RD 204
CITY-ST-ZIP	NAPLES, FL 34102
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	

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