

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90029 008 \*\*\*\*50.00

20033369



04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1158815 Applied For Not Applicable

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

**DOCUMENT # L03000007845**  
1. Entity Name  
JARPY, LLC



Principal Place of Business  
110 E. BROWARD BLVD., STE. 1900  
FT LAUDERDALE, FL 33301

Mailing Address  
110 E. BROWARD BLVD., STE. 1900  
FT LAUDERDALE, FL 33301

2. Principal Place of Business  
1802 N. UNIVERSITY DR  
Suite, Apt. #, etc.  
102-A  
City & State  
PLANTATION, FL  
Zip 33322 Country USA

3. Mailing Address  
1802 N. UNIVERSITY DR  
Suite, Apt. #, etc.  
102-A  
City & State  
PLANTATION, FL  
Zip 33322 Country USA

6. Name and Address of Current Registered Agent  
PONSARD, JONATHAN  
110 E. BROWARD BLVD., STE 1900  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1802 N. UNIVERSITY DR 102-A  
City PLANTATION FL Zip Code 33322

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] JONATHAN PONSARD 4/17/06  
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PONSARD, JONATHAN 110 E. BROWARD BLVD., STE 1900 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1802 N. UNIVERSITY DR 102-A PLANTATION, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] JONATHAN PONSARD 04-17-06 9543323371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #