2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-21-2004 90452 010 ***150.00

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DOCUMENT # L03000009156

1. Entity Name
JADE ISLE, L.L.C.

Principal Place of Business	Mailing Address
9715 W. BROWARD BLVD., APT. 216 PLANTATION, FL 33324	9715 W. BROWARD BLVD., APT. 216 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0453104 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROIANO, VICTOR J 317 S. TENNESSEE AVENUE LAKELAND, FL 33801	Name: Joseph mc Gavin Street Address (P.O. Box Number is Not Acceptable): 2560 62nd Av North #420 City: St Petersburg FL 33702 FL Zip Code 33702

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: Joseph mc Gavin
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE managing member NAME Joseph McGavin 420 STREET ADDRESS 2560 62nd Av N CITY-ST-ZIP St Pete FL 33702	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Joseph mc Gavin 4/16/04 727 641 32631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #