2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
51-0453104	Not Applicable

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

6. Name and Address of Current Registered Agent

MCGAVIN, JOSEPH
2560 62ND AVE NORTH
420
SAINT PETERSBURG, FL 33702

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IN THIS SPACE

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

||000000322204
04./22./05-80004-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCGAVIN, JOSEPH
STREET ADDRESS	2560 62ND AVE NORTH # 420
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   4-20-05   727 452-1684

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