


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000010123</b> 1. Entity Name <b>J T S &amp; R ENTERPRISES, LLC</b>	
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Principal Place of Business  
**2050 PROCTOR ROAD  
SUITE F  
SARASOTA, FL 34231**

Mailing Address  
**2050 PROCTOR ROAD  
SUITE F  
SARASOTA, FL 34231**



02202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1164725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BECHTOLD, DANIEL A  
240 SOUTH NOKOMAS AVE  
SUITE 200  
VENICE, FL 34285**

**DO NOT WRITE  
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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MILES, WILLIAM G
STREET ADDRESS	2050 PROCTOR ROAD, SUITE F
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	MGR
NAME	THIRION, SANDRA
STREET ADDRESS	2050 PROCTOR ROAD, SUITE F
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
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CITY-ST-ZIP	

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03/07/06 80055-016 50.00

**DO NOT WRITE  
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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: *X William Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*X 2/20/06 X 941-728-7745*  
Date Daytime Phone #