


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000011555</b> 1. Entity Name <b>JALOR ENTERPRISES, LLC</b>	
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Principal Place of Business 708 SW LONG LAKE CT. PALM CITY, FL 34990	Mailing Address 708 SW LONG LAKE CT. PALM CITY, FL 34990
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**DO NOT WRITE IN THIS SPACE**

04072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>58-2668391</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CHAPMAN, JOHN W 708 SW LONG LAKE CT. PALM CITY, FL 34990
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**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: John W. Chapman John W. Chapman 4/8/05  
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, JOHN W 708 SW LONG LAKE CT. PALM CITY, FL 34990
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U00000315062  
04/19/05-80018-020 50.00

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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: John W. Chapman John W. Chapman 4/8/05 772-631-9168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #