2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000015056

Entity Name: JOTOPA VENTURES, LLC

Current Principal Place of Business:

818 WINDSOR DR.
SARASOTA, FL 34234

New Principal Place of Business:

950 CALOOSA DRIVE
SARASOTA, FL 34234

Current Mailing Address:

818 WINDSOR DR.
SARASOTA, FL 34234

New Mailing Address:

950 CALOOSA DRIVE
SARASOTA, FL 34234

FEI Number: 05-0568059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KANCILIA, JOHN R ESQ
GRAY, HARIS & ROBINSON, PA
1800 WEST HIBISCUS BLVD, STE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: HERMANSEN, TOM C
Address: 818 WINDSOR DR.
City-St-Zip: SARASOTA, FL 34234

Title: MGRM ( ) Delete
Name: HERMANSEN, JOHN E
Address: 818 WINDSOR DR.
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HERMANSEN, TOM C
Address: 950 CALOOSA DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: MGRM (X) Change ( ) Addition
Name: HERMANSEN, JOHN E
Address: 2833 BAY SHORE CIRCLE
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOM C. HERMANSEN MGRM 04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date