
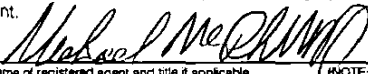


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90023 023 ****55.00

DOCUMENT # L03000019438			
1. Entity Name JSC, LLC			
Principal Place of Business 1575 WORLEY AVE. MERRITT ISLAND, FL 32952 US		Mailing Address 1575 WORLEY AVE. MERRITT ISLAND, FL 32952 US	
2. Principal Place of Business 520 S. Banana River Dr. Suite, Apt. #, etc.		3. Mailing Address 520 S. Banana River Dr. Suite, Apt. #, etc.	
City & State Merritt Island, FL Zip 32952 Country US		City & State Merritt Island, FL Zip 32952 Country US	
6. Name and Address of Current Registered Agent MCPHILLIPS, CHERYL 1575 WORLEY AVE. MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Cheryl McPhillips Street Address (P.O. Box Number is Not Acceptable) 520 S. Banana River Dr. City Merritt Island FL Zip Code 32952	
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)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHILLIPS, CHERYL 1575 WORLEY AVE. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCPHILLIPS, MICHAEL 1575 WORLEY AVE. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14002728



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0527738
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required