## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # L03000020144 1. Entity Name JAGAMARTI, L.L.C. Principal Place of Business Mailing Address 140 B NORTH ONE DR 244 GULL CIRCLE PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01262005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1593854 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVENPORT, GARY B DO NOT WRITE 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137 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, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM RILE MCCUMBER, MARK NAME STREET ADDRESS 244 GULL CIRCLE CITY-ST-ZP PONTE VEDRA BEACH, FL 32082 MGRM TITLE MCCUMBER, GARY M NAME 244 GULL CIRCLE STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 HILE STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE STREET ADDRESS C1TY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 a finder empowered to execute this report as required by Chapter 608, Florida Statutes

Gary me Cumber

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