2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: WILLIAM A. TYRRELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT (AR)					FILED			
DOCUMENT # L03000024695 1. Entity Name				Feb 03, 2005 08:00 AM Secretary of State			M	
JAY STRI	EET MANAGEMENT, LLC				Secretary	or State		
Principal Plac	se of Business	Mailing Address						
5246 SE ORANGE ST. STUART FL 34997-2445		5246 SE ORANGE ST. STUART FL 34997-2445						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Sulte, Apt #, etc			1st MOORE	CR2E083 (10/04)		
City & State		City & State		4. FEI Nun	55-0841138	<u> </u> ;	pplied For ot Applic	
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	S5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Re	gistered Agent	<u> </u>	
T) (D	ADTIL MAILLIANA A		Name					
TYRRELL, WILLIAM A 5246 SE ORANGE ST. STUART FL 34997-2445			Street Addr	ress (P.O. Box Nun	nber is Not Acceptable)		<u> </u>	
			City			FL Zip Cod	₌ . le	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or re	gistered agent, or	both, in the State of Flori		_	
-	tions of registered agent.	-					•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature ri	equired when reinstaling)		DATE	<u></u>	
			W!!! FEE IS \$50	4 10 4 4 311 5	U000002132 02/03/05-800	272 272	**	
	•	Make Check Payable Due	e to Florida Depar By May 1, 2005	tment of State	02/03/05-800	52-014 50.00		
9.	MANAGING MEMBI	ERS/MANAGERS	16.		ADDITIÓNS/C	HANGES		
TITLE NAME	MGRM TYRELL, WILLIAM	☐ Dejete	TITLE			☐ Change	☐ Aਰੋਟ [™]	
STREET ADDRESS	5246 SE ORANGE ST.		STREET ADDRESS					
CITY - ST - ZIP	STUART FL 34997-2445		CITY - ST - ZIP					
TILLE	MGRM	☐ Delete	TITLE			☐ Change	Augus	
NAME	TYRELL, COLIN W		NAME					
STREET ADDRESS CITY-ST-ZIP	3401 COURT DR. STUART FL 34997		STREET ADDRESS City-St-Zip					
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CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME					
STREET ADDRESS CITY-ST-71P			STREET ADDRESS CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<u></u>	CITY - ST - ZIP				د به سوي	
11. I hereby of indicated limited lia	certify that the information supplied with lon this report is true and accurate and ability company or the receiver or truste	n this filing does not qualify for I that my agnature shall have the e empowered to execute this re	the exemption stated he same legal effect a eport as required by (in Section 119,07(as if made under of Chapter 608, Floric	3)(i), Florida Statutes. I f ath; that I am a managir la Statutes,	urther certify that the in ng member or managa	nformation or of the	

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