2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032043

Entity Name: JALT, LLC

Address:

City-St-Zip:

513 PECK STREET

FORT MYERS, FL 33912

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1131 VESPER DR. FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 1131 VESPER DR. FORT MYERS, FL 33901 FEI Number: 04-3776142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MADDEN, JOSEPH M 1131 VESPER DR. FORT MYERS, FL 33901 US 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition MADDEN, JOSEPH M Name: Name: 1131 VESPER DR. Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MADDEN, LISA Name: Address: 1131 VESPER DR. Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CROSBIE, THOMAS Name: Name: Address: 513 PECK STREET Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CROSBIE, ALBANIA G Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH M MADDEN JR MGRM 04/29/2005