

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032043

Entity Name: JALTED, LLC

FILED  
Mar 13, 2006  
Secretary of State

## Current Principal Place of Business:

1131 VESPER DR.  
FORT MYERS, FL 33901

## New Principal Place of Business:

2222 SECOND SREET  
FORT MYERS, FL 33901

## Current Mailing Address:

1131 VESPER DR.  
FORT MYERS, FL 33901

## New Mailing Address:

2222 SECOND STREET  
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:

MADDEN, JOSEPH M  
1131 VESPER DR.  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

MADDEN, JOSEPH M  
2222 SECOND STREET  
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: JOSEPH M. MADDEN JR

03/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MADDEN, JOSEPH M  
Address: 1131 VESPER DR.  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: MADDEN, LISA  
Address: 1131 VESPER DR.  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Delete  
Name: CROSBIE, THOMAS  
Address: 513 PECK STREET  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: CROSBIE, ALBANIA G  
Address: 513 PECK STREET  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete  
Name: HENDRIX, EDGAR  
Address: 4701 LONE PINE COURT  
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM ( ) Delete  
Name: HENDRIX, DONNA  
Address: 4701 LONE PINE COURT  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MADDEN, JOSEPH M  
Address: 2222 SECOND STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSEPH M MADDEN JR

MGRM

03/13/2006

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