2006 LIMITED LIABILITY COMPANY

## FILED **ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L03000033940 1. Entity Name JTS LLC Principal Place of Business Mailing Address **8897 EL PASO** 8897 EL PASO LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 04092006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0212215 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEAR, ROBERT D 8897 EL PASO LAKE WORTH, FL 33467 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 Signature, typed or printed name of registered agent and title if applicable. DATE INOTE: Registered Agent signature required when reinstating? Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE 11000000531329 LEAR, ROBERT D NAME 05/06/06-80036-015 SU **8897 EL PASO** STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP MGR NAME LEAR, SARA 8897 FL PASO STREET ADDRESS LAKE WORTH, FL 33467 CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZF TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CATY-ST-77P

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

Hay

Daytims Phone #