2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 24, 2005 08:00 AM **DOCUMENT # L03000044472 Secretary of State** 1. Entity Name JAS ENTERPRISES LLC Principal Place of Susiness Mailing Address 1495 FAIRLESS ROAD 1495 FAIRLESS ROAD ENGLEWOOD, FL 34223 US ENGLEWOOD, FL 34223 US 01132005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHNEEBERGER, JOSEPH A DO NOT WRITE 1495 FAIRLESS ROAD ENGLEWOOD, FL 34223 IN THIS SPACE 3. 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. (NOTE Hegistered Agent signature required when ministrating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SCHNEEBERGER, JOSEPH A NAME STREET ADDRESS 1495 FAIRLESS ROAD U00000194375 CITY-ST-ZIP ENGLEWOOD, FL 34223 01/25/05-80100-002 50.00 NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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.

JOSEPH A. SCHNEFBERGER, MEMBER (941) - 474 - 00 is