


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90109 022 ****50.00

DOCUMENT # L03000047659 1. Entity Name JASON CROUCHER, LLC					
Principal Place of Business 12421 HICKS ROAD NEW PORT RICHEY, FL 34654 US			Mailing Address 9319 LABELLE STREET NEW PORT RICHEY, FL 34654 US		
2. Principal Place of Business 9319 LaBelle St		3. Mailing Address Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State Suite, Apt. #, etc.		07122005 Chg-LLC CR2E083 (10/03)	
Zip 34654		Country U.S.		4. FEI Number 42-1637380	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GIOVINCO, IAN 7215 HIAWATHA PARKWAY SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROUCHER, JASON 9319 LABELLE ST NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Jason Croucher</i> Jason Croucher			7-14-05 727-236-0669 Date Daytime Phone #		