
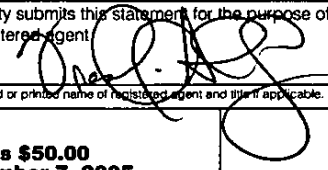
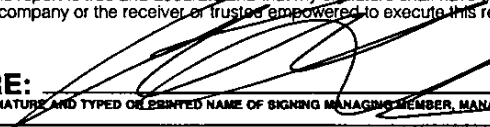


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90119 017 \*\*\*\*55.00

<b>DOCUMENT # L03000047902</b> 1. Entity Name <b>JAE DEVELOPMENT, LLC</b>					
Principal Place of Business <b>9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>			Mailing Address <b>9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>		
2. Principal Place of Business <b>1909 Piccadilly Cir</b> Suite, Apt. #, etc.		3. Mailing Address <b>1909 Piccadilly Cir</b> Suite, Apt. #, etc.			
City & State <b>Cape Coral FL</b> Zip <b>33991</b> Country <b>US</b>		City & State <b>Cape Coral FL</b> Zip <b>33991</b> Country <b>US</b>		4. FEI Number <b>01-0802878</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>D'JAMOOS, JOSEPH 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>Frank Aloia Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>2250 1st St.</b> City <b>Ft. Myers</b> State <b>FL</b> Zip Code <b>33901</b>		
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  DATE <b>5/3/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR D'JAMOOS, JOSEPH E 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Scalzo, Ronald V Jr. 1909 Piccadilly Cir. Cape Coral, FL 33991</b> <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> 			Date <b>5-1-05</b> Daytime Phone # <b>239-573-5211</b>		