

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000047902

1. Entity Name  
JAE DEVELOPMENT, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 11 AM 9:12

Principal Place of Business  
1909 PICCADILLY CIR  
CAPE CORAL, FL 33991

Mailing Address  
1909 PICCADILLY CIR  
CAPE CORAL, FL 33991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

01-0802878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALOIA, FRANK JR  
2250 1ST STREET  
FORT MYERS, FL 33901

Name Ana DeMoya

Street Address (P.O. Box Number is Not Acceptable)

715 NE 19th Place Ste 31

City Cape Coral

FL

Zip Code

33903

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/5/05

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME D'JAMOOS, JOSEPH E  
STREET ADDRESS 9130 CORSEA DEL FONTANA WAY  
CITY-ST-ZIP NAPLES, FL 34109 ☒ Delete

TITLE MGR  
NAME Scalzo Development Group Inc  
STREET ADDRESS 715 NE 19th Place Ste 31  
CITY-ST-ZIP Cape Coral, FL 33903 ☐ Change ☒ Addition

TITLE MGRM  
NAME SCALZO, RONALD V JR  
STREET ADDRESS 1909 PICCADILLY CIR  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

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

10/5/05

DATE

239-573-5211

Daytime Phone #