

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90082 029 \*\*\*\*50.00

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01042006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000009264</b> 1. Entity Name <b>JAZELE, LLC</b>					
Principal Place of Business <b>3626 ERINDALE DR VALRICO, FL 33594</b>			Mailing Address <b>3626 ERINDALE DR VALRICO, FL 33594</b>		
2. Principal Place of Business <b>3658 Erindale Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3658 Erindale Dr</b> Suite, Apt. #, etc.			
City & State <b>Valrico FL</b>		City & State <b>Valrico FL</b>		4. FEI Number <b>20-0857768</b>	
Zip <b>33594</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANGFORD, E C 1715 WEST CLEVELAND STREET TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>Ali Hasbini</b> Street Address (P.O. Box Number is Not Acceptable) <b>3658 Erindale Dr</b> City <b>Valrico</b> <b>FL</b> Zip Code <b>33594</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 <span style="float: right;">DATE <b>1/5/06</b></span> <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 May 1, 2006</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>MGRM HASOINI, ALI 3626 ERINDALE DR VALRICO, FL 33594</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Ali Hasbini 3658 Erindale Dr Valrico FL 33594</b> <input checked="" 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	
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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 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 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>			<b>1/5/06 813-681-8419</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					