2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90285 036 ****50.00

20008214

01192005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000011052

1. Entity Name
JERMY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US	243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US

	2. Principal Place of Business	3. Mailing Address
Street	2109 DEL PRADO BLVD. S	2109 DEL PRADO BLVD. S
Suite, Apt. #, etc.		
City & State	CAPE CORAL, FLORIDA	CAPE CORAL, FLORIDA
Zip	33990	33990
Country	USA	USA

4. FEI Number 20-1131715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JERMY, ANDREW S
2109 DEL PRADO BLVD
CAPE CORAL, FL 33990

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	~~MGRM~~	☒ Change ☐ Addition
NAME	JERMY, ANDREW S		NAME	JERMY, ANDREW S	
STREET ADDRESS	29 SWANSGATE		STREET ADDRESS	2109 DEL PRADO BLVD. S.	
CITY-ST-ZIP	NORWICH, NORFOLK, UK NR6 7HT		CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	JERMY, TRACEY L		NAME	JERMY, TRACEY L	
STREET ADDRESS	29 SWANSGATE		STREET ADDRESS	2109 DEL PRADO BLVD. S.	
CITY-ST-ZIP	NORWICH, NORFOLK, UK NR6 7HT		CITY-ST-ZIP	CAPE CORAL, FL 3390	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] ANDREW JERMY 1/31/05 239-772-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #