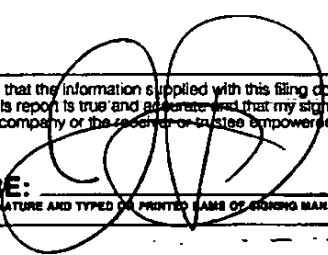


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

01-31-2005 90200 003 ****50.00

DOCUMENT # L04000023896 1. Entity Name CONNELL JAFFE HOLDINGS, LLC																																																																																				
Principal Place of Business 2107 AIRPORT BLVD PENSACOLA, FL 32504		Mailing Address 2107 AIRPORT BLVD PENSACOLA, FL 32504																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2245 Suite, Apt. #, etc.																																																																																		
City & State PENSACOLA, FL		4. FEI Number 20-0941430 ☐ Applied For ☐ Not Applicable																																																																																		
Zip 32513	Country US	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent CONNELL, JOHN B 2107 AIRPORT BLVD PENSACOLA, FL 32504		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 reissuing) DATE _____																																																																																				
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>JOHN BAARS CONNELL</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>2107 AIRPORT BLVD. PENSACOLA, FL 32504</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RANDALL JAFFE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>1005 VINTAGE CLUB DR. DULUTH, GA-30097</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change ☐ Addition ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	Delete ☐	STREET ADDRESS	JOHN BAARS CONNELL		CITY- ST- ZIP	2107 AIRPORT BLVD. PENSACOLA, FL 32504		TITLE	NAME	Delete ☐	STREET ADDRESS	RANDALL JAFFE		CITY- ST- ZIP	1005 VINTAGE CLUB DR. DULUTH, GA-30097		TITLE	NAME	Delete ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Delete ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Delete ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change ☐ Addition ☐	STREET ADDRESS			CITY- ST- ZIP		
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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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																				
SIGNATURE: 		11/18/05 850 478 4141 Date Daytime Phone #																																																																																		

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