2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 15, 2005 8:00 am
Secretary of State

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

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01112005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
CONNELL JAFFE HOLDINGS, LLC

Principal Place of Business	Mailing Address
2107 AIRPORT BLVD PENSACOLA, FL 32504	2107 AIRPORT BLVD PENSACOLA, FL 32504

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 2245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PENSACOLA, FL	
Zip	Country	Zip: 32513	Country: US

4. FEI Number 20-0941430 ☐ Applied For ☐ Not Applicable

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
CONNELL, JOHN B 2107 AIRPORT BLVD PENSACOLA, FL 32504	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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER JOHN BAARS CONNELL 2107 AIRPORT BLVD. PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER RANDALL JAFFE 1005 VINTAGE CLUB DR. DULUTH, GA-30097	☐ 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
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____________________ 1/18/05 850 478 4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #