
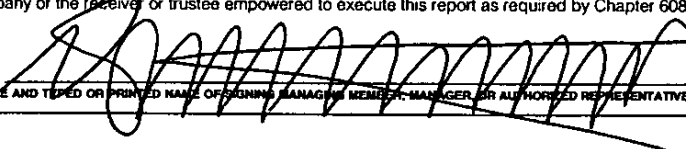


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90158 012 \*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L04000036207</b>   |   |  |   |  |  |
| <b>1. Entity Name</b><br>947 JASMINE, LLC  |   |  |   |   |  |
| <b>Principal Place of Business</b><br>C/O JSD BUILDERS, INC.<br>3850 NW BOCA RATON BLVD., #15<br>BOCA RATON, FL 33431  |   |  | <b>Mailing Address</b><br>C/O JSD BUILDERS, INC.<br>3850 NW BOCA RATON BLVD., #15<br>BOCA RATON, FL 33431     |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>                                |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                      |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | <b>4. FEI Number</b> <u>38-0116581</u>  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| CAPPELLER, JOHN M JR., ESQ<br>350 CAMINO GARDENS BLVD., SUITE 303<br>BOCA RATON, FL 33432  |   |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <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.</b>   |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |   | <b>Make check payable to Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DIMAURO, JOSEPH<br>P.O. BOX 2742<br>BOCA RATON, FL 33427      | <input type="checkbox"/> Delete                          |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ANTMAN, MARK<br>18350 LONG LAKE DRIVE<br>BOCA RATON, FL 33496 | <input type="checkbox"/> Delete                          |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____   | <input type="checkbox"/> Delete                          |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____   | <input type="checkbox"/> Delete                          |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____   | <input type="checkbox"/> Delete                          |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____   | <input type="checkbox"/> Delete                          |   |   |  |
| <b>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.</b> |   |  | <b>SIGNATURE:</b>          |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date <u>2/3/05</u> Daytime Phone # _____  |   |  |