

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036207

1. Entity Name
947 JASMINE, LLC



Principal Place of Business
C/O JSD BUILDERS, INC.
3850 NW BOCA RATON BLVD., #15
BOCA RATON, FL 33431

Mailing Address
C/O JSD BUILDERS, INC.
3850 NW BOCA RATON BLVD., #15
BOCA RATON, FL 33431



08082006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0116581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPPELLER, JOHN M JR., ESQ
350 CAMINO GARDENS BLVD., SUITE 303
BOCA RATON, FL 33432

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IN THIS SPACE**

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 September 6, 2006**

1000000574020
08/10/06-800003-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIMAURO, JOSEPH
P.O. BOX 2742
BOCA RATON, FL 33427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANTMAN, MARK
18350 LONG LAKE DRIVE
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARK ANTMAN 8/7/06 081-702-9502