

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000037899</b> 1. Entity Name <b>JAR PROPERTIES OF BREVARD, LLC</b>						<b>FILED</b> <b>06 APR 11 AM 8:06</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>736 E. EAU GALLIE BLVD</b> <b>INDIAN HARBOR BEACH, FL 32937</b>				Mailing Address <b>P.O. BOX 984</b> <b>MELBOURNE, FL 32902</b>			
2. Principal Place of Business <b>966 S. Wickham Rd</b> Suite, Apt. #, etc. <b>#102</b>		3. Mailing Address  Suite, Apt. #, etc.		04072006    Chg-LLC    CR2E083 (11/05)			
City & State <b>W. Melbourne FL</b>		City & State		4. FEI Number <b>APPLIED FOR</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32904</b>		Country <b>Brevard</b>		Zip 		Country	
6. Name and Address of Current Registered Agent  <b>RANEW, BARRY</b> <b>736 E EAU GALLIE BLVD</b> <b>INDIAN HARBOR BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>966 S. Wickham Rd. #102</b> City <b>W. Melbourne</b> <b>FL</b> Zip Code <b>32904</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.							
SIGNATURE <u><i>B. R. Ranew</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/6/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RANEW, BARRY R</b> <b>736 E EAU GALLIE BLVD</b> <b>INDIAN HARBOR BEACH, FL 32937</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>966 S. Wickham Rd. #102</b> <b>W. Melbourne, FL 32904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>B. R. Ranew</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>4/6/06</u> <small>Date</small>			