

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90030 034 \*\*\*\*50.00

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<b>DOCUMENT # L04000044216</b> 1. Entity Name <b>JAG INVESTMENTS, LLC</b>					
Principal Place of Business <b>471 GOODWIN CREEK ROAD FREEPORT, FL 32439</b>			Mailing Address <b>P.O. BOX 1043 FREEPORT, FL 32459</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 247</b> Suite, Apt. #, etc.			
City & State		City & State <b>Freeport Florida</b>		4. FEI Number <b>20-1244145</b>	
Zip <b>32439</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30-A, SUITE 105 SEAGROVE BEACH, FL 32459</b>			7. Name and Address of New Registered Agent Name <b>GARY L. MASON</b> Street Address (P.O. Box Number is Not Acceptable) <b>471 Goodwin Creek Road</b> City <b>Freeport</b> <b>FL</b> Zip Code <b>32439</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 <b>GARY L. MASON</b> <span style="float: right;">4-22-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <b>GARY L. MASON</b>			Date <b>4-22-05</b> Daytime Phone # <b>850-259-5146</b>		