2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L04000049490

Entity Name: J SQUARED, LLC

Current Principal Place of Business:

73 W SURFSIDE DR.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

73 W. SURFSIDE DR.
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-1320973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORSEY, JULIANA C
73 W. SURFSIDE DR.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DORSEY, JOHN L JR
Address: 73 W. SURFSIDE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: DORSEY, JULIANA C
Address: 73 W. SURFSIDE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: DORSEY, JOHN L III
Address: 419 BLACK CREEK LODGE RD
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DORSEY, JOHN L III
Address: 73 W SURFSIDE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIANA C DORSEY MGRM 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date