04-22-2005 90051 006 ****50.00
L04000051445

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 JUN 24 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051445

1. Entity Name
JADE GROUP, LLC

Principal Place of Business	Mailing Address
1053 MAITLAND CENTER COMMONS BLVD. 2ND FL MAITLAND, FL 32751	1053 MAITLAND CENTER COMMONS BLVD. 2ND FL MAITLAND, FL 32751

04022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
7512 Dr Phillips Blvd		7512 Dr Phillips Blvd	
Suite, Apt. #, etc.: Ste 50 Unit 130		Suite, Apt. #, etc.: Ste 50 PMB 130	
City & State: Orlando		City & State: Orlando Florida	
Zip: 32819	Country: U.S.	Zip: 32819	Country: U.S.

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Agents and Corporations, Inc.
773 4th Ave North Ste E
Naples FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Shauna Chabut STREET ADDRESS 7512 Dr. Phillips. Blvd Ste #50 Unit 130 CITY-ST-ZIP Orlando, Fl. 32819	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: DOUG KENNEDY [signature] 4-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

rc 6/24/05