## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000053461

Name:

Address:

City-St-Zip:

Entity Name: JAGUAR PROPERTIES, LLC

FILED Apr 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 165 AUBURN DRIVE 5280 N OCEAN DRIVE LAKE WORTH, FL 33460 3В RIVIERA BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 5280 N. OCEAN DRIVE 165 AUBURN DRIVE LAKE WORTH, FL 33460 RIVIERA BEACH, FL 33404 FEI Number: 51-0516319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STANDLEE, ROBIN A STANDLEE, ROBIN A 165 AUBURN DRIVE 5280 N. OCEAN DRIVE LAKE WORTH, FL 33460 US RIVIERA BEACH, FL 33404 US 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: 04/20/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change ( ) Addition STANDLEE, ROBIN A STANDLEE, ROBIN A Name: Name: 165 AUBURN DRIVE Address: 5280 N OCEAN DRIVE #3B Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: RIVIERA BEACH, FL 33404 Title: MGRM () Delete Title: () Change () Addition HALL, LISA M Name: Name: Address: 2501W. EDGEWATER DRIVE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition COHEN, LAURIE S.D. Name: Name: 6749 SOUTH GRANDE DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: COLLURA, BERNICE M 231 CANTERBURY DRIVE W Address: Address: City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: MGRM ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

VOLKERS, AMY J

3730 D VILLAGE DRIVE

DELRAY BEACH, FL 33445

SIGNATURE: ROBIN A STANDLEE MGRM 04/20/2005