

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90027 041 ****50.00

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01112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000054223 1. Entity Name JANSON ENTERPRISES LLC					
Principal Place of Business 9995 GATE PARKWAY, SUITE 400 JACKSONVILLE, FL 32246			Mailing Address 9995 GATE PARKWAY, SUITE 400 JACKSONVILLE, FL 32246		
2. Principal Place of Business <i>149 PLANTATION CIRCLE</i>		3. Mailing Address <i>149 PLANTATION CIRCLE</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Ponte Vedra Beach, FL</i>		City & State <i>Ponte Vedra Beach, FL</i>		4. FEI Number 	
Zip <i>32082</i>	Country <i>USA</i>	Zip <i>32082</i>	Country <i>USA</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name <i>Harold Kobler</i> Street Address (P.O. Box Number is Not Acceptable) <i>149 PLANTATION CIRCLE</i> City <i>Ponte Vedra Beach</i> FL Zip Code <i>32082</i>		
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 <i>[Signature]</i> Harold Kobler DATE <i>4/26/2005</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			<i>Harold Kobler</i> <i>149 PLANTATION CIRCLE</i> <i>Ponte Vedra Beach, FL 32082</i>		
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: <i>[Signature]</i> Harold Kobler			Date <i>4/26/2005</i> Daytime Phone # <i>9045439514</i>		