

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059342

FILED  
Mar 31, 2006  
Secretary of State

**Entity Name:** JAGO FURNITURE DISTRIBUTORS, LLC.

**Current Principal Place of Business:**

40 S MAGNOLIA AVE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

819 N.E. 42ND TERRACE  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 75-3165574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLANCHARD, DOCK A ESQUIRE  
4 S.E. BROADWAY  
OCALA, FL 34471 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: MGR ( ) Delete  
Name: BOCKEWITZ, BILL  
Address: 819 N.E. 42ND TERRACE  
City-St-Zip: OCALA, FL 34470

Title: MGR ( ) Delete  
Name: KALININ, ADRIAN  
Address: 819 N.E. 42ND TERRACE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES:**

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

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

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:** BILL BOCKEWITZ

MGR

03/31/2006

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