## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 20, 2006 08:00 AM **DOCUMENT # L04000072660 Secretary of State** 1. Entity Name JRS, LLC Principal Place of Business Mailing Address 713 PRUITT DRIVE 713 PRUITT DRIVE MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 US 07112006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. DO NOT WRITE 1111 LINCOLN RD **SUITE 400** IN THIS SPACE MIAMI BEACH, FL 33139 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 September 6, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE CASSITY, JOHN NAME STREET ADDRESS 713 PRUITT DRIVE CITY-ST-ZIP MADEIRA BEACH, FL 33708 TITLE NAME U00000571503 07/20/06-80013-001 50.00 STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

11. I hereby certify that the information supplied with his filing dose not qualify for the exemptions contained in Chapter 119. 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 pastee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-71P

06(207)424-3703

Daytime Phone #

**FILED**