

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90193 045 \*\*\*\*50.00

**DOCUMENT # L04000077480**

1. Entity Name

**JAZ COMMERCIAL PROPERTIES, LLC**



Principal Place of Business

**1779 EARHART COURT**  
**DAYTONA BEACH, FL 32128**  
*Port Orange*

Mailing Address

**1779 EARHART COURT**  
**DAYTONA BEACH, FL 32128**  
*Port Orange*

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**DO NOT WRITE IN THIS SPACE**

04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**56-2496095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SODHI, BHUPINDER**  
**1779 EARHART COURT**  
**DAYTONA BEACH, FL 32128**  
*Port Orange*

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**SODHI, BHUPINDER**  
**1779 EARHART COURT**  
**DAYTONA BEACH, FL 32128**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Port Orange*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

*4/18/07*