Jun. 10. 2005 10:13AM M F & ASSOCIATES INC

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 01, 2005 8:00 am Secretary of State

08-01-2005 90093 039 ****55.00

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1. Entity Name
JOVEST, LLC

Principal Place of Business: 161 TIMBERWALK TRAIL, JUPITER, FL 33458

Mailing Address: 161 TIMBERWALK TRAIL, JUPITER, FL, 33458

08102005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
161 TIMBERWALK TRAIL	161 TIMBERWALK TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL	City & State: JUPITER FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 27-0043506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANE, JEFFREY P
4800 RIVERSIDE DRIVE, SUITE 101
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM ☐ Delete
NAME	IOANA WEBER
STREET ADDRESS	161 TIMBERWALK TRAIL
CITY-ST-ZIP	JUPITER FL 33458
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Ioana Weber 6/14/05 (561) 255-8774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #