

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092302

Entity Name: JASI PROPERTIES, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

4425 US1 SOUTH
SUITE 18 BOX 25
ST AUGUSTINE, FL 32086

New Principal Place of Business:

CRESENT TECHNICAL COURT
ST AUGUSTINE, FL 32086

Current Mailing Address:

4425 US1 SOUTH
SUITE 18 BOX 25
ST AUGUSTINE, FL 32086

New Mailing Address:

349 OLD PLANTATION DR
ST AUGUSTINE, FL 32086

FEI Number: 20-2111207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, JASON
4425 US1 SOUTH
SUITE 18 BOX 25
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

SHAW, JASON
349 OLD PLANTATION DR
ST AUGUSTINE, FL 32086 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAW, JASON
Address: 4425 US1 SOUTH SUITE 18 BOX 25
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR () Delete
Name: BAKER, JASON
Address: 4425 US1 SOUTH SUITE 18 BOX 25
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAW, JASON
Address: 349 OLD PLANTATION DR.
City-St-Zip: ST AUGUSTINE, FL 32086

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: JASON SHAW

MGRM

04/24/2006

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