

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000092302

1. Entity Name
JASI PROPERTIES, LLC



Principal Place of Business
CRESENT TECHNICAL COURT
ST AUGUSTINE, FL 32086

Mailing Address
349 OLD PLANTATION DR
ST AUGUSTINE, FL 32086



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2111207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------------|--------------------------------|
| TITLE | MGRM |
| NAME | SHAW, JASON |
| STREET ADDRESS | 349 OLD PLANTATION DR. |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | MGR |
| NAME | BAKER, JASON |
| STREET ADDRESS | 4425 US1 SOUTH SUITE 18 BOX 25 |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/31/07-80019-004 50.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jason Shaw

1/24/07

Date

904-669-0369

Daytime Phone #