

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012708

Entity Name: FIVE JAYS LLC

FILED
Jul 18, 2006
Secretary of State

Current Principal Place of Business:

16143 FOZFIRE DR
TAMPA, FL 33618

New Principal Place of Business:

16143 FOXFIRE DR
TAMPA, FL 33618

Current Mailing Address:

16143 FOZFIRE DR
TAMPA, FL 33618

New Mailing Address:

16143 FOXFIRE DR
TAMPA, FL 33618

FEI Number: 20-2270524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HYDE PARK ACCOUNTANTS, PA
2305 W MORRISON AVE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, JAVIER
Address: 16143 FOZFIRE DR
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: LOPEZ, LAURA
Address: 16143 FOZFIRE DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOPEZ, JAVIER
Address: 16143 FOXFIRE DR
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change () Addition
Name: LOPEZ, LAURA
Address: 16143 FOXFIRE DR
City-St-Zip: TAMPA, FL 33618

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: JAVIER LOPEZ

MGR

07/18/2006

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