


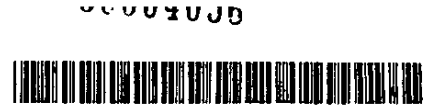
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-21-2006 90298 001 ***100.00

DOCUMENT # L05000013958		
1. Entity Name JOSE HOLDING LLC		
Principal Place of Business 4085 HANCOCK BRIDGE PARKWAY, UNIT 174 NORTH FT. MYERS FL 33903	Mailing Address 4085 HANCOCK BRIDGE PARKWAY, UNIT 174 NORTH FT. MYERS FL 33903	

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E083 (10/05)

4. FEI Number 20-2340387	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARAJAS, JOSE L 4085 HANCOCK BRIDGE PARKWAY, UNIT 174 NORTH FT. MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Andra M. Young* **3-9-06** **259-682-0283**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
30004056



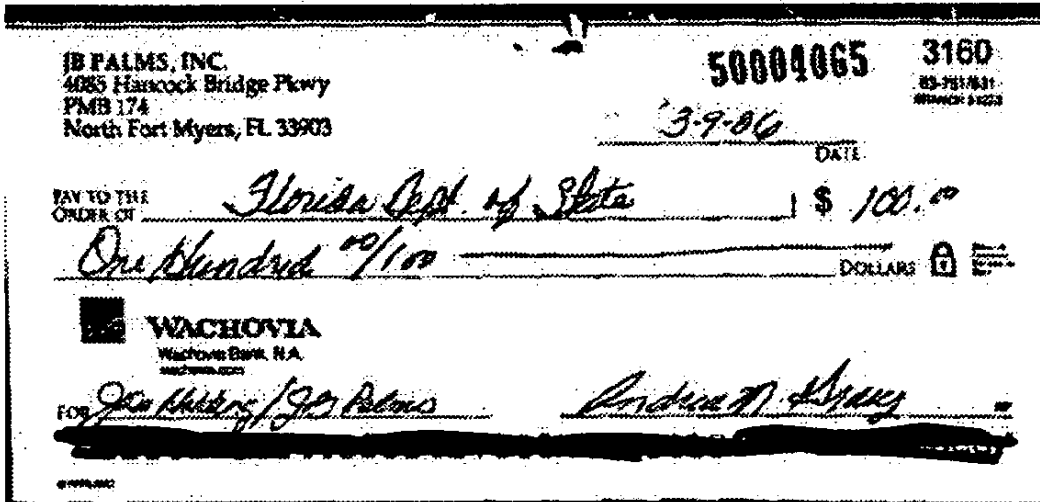
WACHOVIA

Wachovia Business Online

ONLINE IMAGE

Account Number: 200028732549

Check Number	Amount	Date Posted
3160	\$100.00	03/22/2006



MAR 22 06

BANK OF AMERICA
MAR 22 2006
5540188475

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
MAR 21 2006
10 ACCT # 1008158784

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