

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000020956

1. Entity Name
JENSEN BEACH HOLDINGS, LLC



Principal Place of Business
12212 RIVERBEND COURT
PORT ST. LUCIE, FL 34984

Mailing Address

12212 RIVERBEND COURT
PORT ST. LUCIE, FL 34984

2. Principal Place of Business
2049 SW Poma Drive

Suite, Apt. #, etc.

3. Mailing Address
2049 SW Poma Drive

Suite, Apt. #, etc.

City & State
Palm City FL

Zip
34990

City & State
Palm City FL

Zip
34990

Country
USA

Country
USA

4. FEI Number
55-0891142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR, ESQ
249 ROYAL PALM WAY, SUITE 501
PALM BEACH, FL 33480

Name

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

660 US Hwy One, Third Floor
City
North Palm Beach FL Zip Code
33408

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Poma, Frank 2049 SW Poma Drive Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank Poma 4-24-06 772-283-0099

Date

Daytime Phone #