


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90078 035 \*\*\*\*50.00

**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**

3. Mailing Address  
**2049 SW Poma Drive**

Suite, Apt. #, etc.

City & State  
**Palm City FL**


City & State  
**Palm City FL**

Zip  
**34990**

Country  
**USA**

Zip  
**34990**

Country  
**USA**



04112006 Chg-LLC CR2E083 (11/05)

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**

7. Name and Address of New Registered Agent

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.

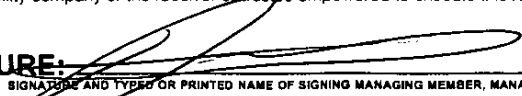
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<input type="checkbox"/> Change <input checked="" 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:**  **Frank Poma** 4-24-06 772-283-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #