



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90194 026 \*\*\*\*50.00

<b>DOCUMENT # L05000023927</b> 1. Entity Name <b>JASGLE INVESTMENTS LLC</b>					
Principal Place of Business <b>160 SAWMILL LAKES BOULEVARD PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>160 SAWMILL LAKES BOULEVARD PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business <b>11381 KINGSLEY MANOR WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>11381 KINGSLEY MANOR WAY</b> Suite, Apt. #, etc.			
City & State <b>JAX., FLA</b> Zip <b>32225</b>		City & State <b>JAX., FLA</b> Zip <b>32225</b>		4. FEI Number <b>20-2471805</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HERMAN, CAROLYN ESQ 830 S THIRD STREET SUITE 104 JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ROSS, JAMES S 160 SAWMILL LAKES BOULEVARD PONTE VEDRA BEACH, FL 32082</b>	<div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HALL, MICHAEL G. 11381 KINGSLEY MANOR WAY JAX., FLA. 32225</b>	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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.					
<b>SIGNATURE:</b> <i>Michael G. Hall</i> <b>MICHAEL G. HALL</b>		<b>3/27/06 (904) 759-7898</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			