

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000028345

1. Entity Name
JAG, LLC



Principal Place of Business
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

Mailing Address
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2542191

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAHUE
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MARTIN, JAHUE
STREET ADDRESS 670 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE MGRM
NAME MULLER, DAN
STREET ADDRESS 2652 N.W. 31ST AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE MGRM
NAME MARTIN, JAHUE DARIUS
STREET ADDRESS 670 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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U00000748222
05/17/07-80058-013 55.00

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IN THIS SPACE**

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: J. Martin JAHUE MARTIN 04-24-07 407-947-4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #