04-30-2007 90062 025 ****50.00
L05000041314

FILED
07 APR 30 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00049252

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041314

1. Entity Name
JAG HOLDINGS, LLC

Principal Place of Business	Mailing Address
1200 W STATE RD 436 FOREST CITY, FL 32714	9494 SW FRWY SUITE 500 HOUSTON, TX 77074

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	151 Southhall Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 240
City & State	City & State: Maitland, FL
Zip / Country	Zip: 32751 / Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-2844603 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, JOHN A 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804	Name: Hendry, Stoner, Calandrino + Brown, P.A. Street Address (P.O. Box Number is Not Acceptable): 20 N. Orange Avenue Suite 600 City: Orlando FL Zip Code: 32801

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. Hendry, Stoner, Calandrino + Brown, P.A.

SIGNATURE By: [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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAJAN, ARIF 7800 US HWY 17-92 STE 182 FERN PARK, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 151 Southhall Lane, Suite 240 Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RAJAN, ISMAIL 1200 W STATE RD FOREST CITY, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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], Authorized Agent/Representative of Arif Rajan. 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #