

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90102 010 ***143.75

DOCUMENT # L05000045729

1. Entity Name

JUNGLE PROPERTIES LLC



Principal Place of Business

204 E. DURANT AVE
ASPEN CO 81611

Mailing Address

PO BOX 8109
ASPEN CO 81612



2. Principal Place of Business - No P.O. Box #

255 Seaspray Ave

3. Mailing Address

Same

City & State

Talm Beach FL

City & State

Talm Beach FL

4. FEI Number

84-1678627

Applied For

Not Applicable

Zip

Country

33480 Talm Beach

Zip

Country

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HANSEN, EDWARD A
STREET ADDRESS 204 E. DURANT AVE
CITY-ST-ZIP ASPEN CO 81611

TITLE MGRM ☐ Delete
NAME HANSEN, JULIA S
STREET ADDRESS 204 EAST DURANT AVE
CITY-ST-ZIP ASPEN CO 81611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 255 Seaspray Ave
CITY-ST-ZIP Talm Beach FL 33480

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP Talm Beach FL 33480

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE Edward A. Hansen 2/19/08 561-655-5367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #