

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060934

FILED  
Jul 24, 2007  
Secretary of State

**Entity Name:** JASPER HERMES PROPERTIES LLC

**Current Principal Place of Business:**

1545 ANTIGUA BAY DR  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 621568  
ORLANDO, FL 32862 US

**New Mailing Address:**

**FEI Number:** 76-0797742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PADMANABHAN, ANANDHI  
1545 ANTIGUA BAY DR  
ORLANDO, FL 32824 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PADMANABHAN, ANANDHI  
Address: 1545 ANTIGUA BAY DR  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM ( ) Delete  
Name: PADMANABHAN, SRINIVASAGOPAL  
Address: 11232 CARABEELEE CR  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANANDHI PADMANABHAN

MGRM

07/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date