

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
5/5/2006-90023-054 \$50.00-\$50.00

06 JUN 19 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000063391			
1. Entity Name JTH PARTNERS, LLC			
Principal Place of Business 1782 REDWOOD GROVE TERRACE LAKE MARY, FL 32746		Mailing Address P.O. BOX 95274 LAKE MARY, FL 32795	
2. Principal Place of Business 4185 W. LAKE MARY BLVD Suite, Apt. #, etc. SUITE 183		3. Mailing Address Suite, Apt. #, etc.	
City & State LAKE MARY, FL		City & State	
Zip 32746	Country FLORIDA	Zip	Country
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name SCOTT PRESTON Street Address (P.O. Box Number is Not Acceptable) 4185 W. LAKE MARY BLVD SUITE 183 City LAKE MARY FL Zip Code 32746	
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: <u>Scott Preston</u> DATE: <u>4/25/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, SCOTT 1782 REDWOOD GROVE TERRACE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, SCOTT 4185 W. LAKE MARY BLVD SUITE 183 LAKE MARY, FL 32746 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRESTON, SCOTT 1782 REDWOOD GROVE TERRACE LAKE MARY, FL 32746 ☒ 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	ST PRESTON, MAE 4185 W. LAKE MARY BLVD SUITE 183 LAKE MARY, FL 32746 ☐ 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: <u>Scott Preston</u> DATE: <u>4/25/06</u> DAYTIME PHONE: <u>407-319-0134</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

620
aw