


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90079 001 ****50.00

DOCUMENT # L05000068148					
1. Entity Name JETT MANAGEMENT, LLC					
Principal Place of Business 9858 CLINT MOORE ROAD, SUITE C111-111 BOCA RATON, FL 33496			Mailing Address 9858 CLINT MOORE ROAD, SUITE C111-111 BOCA RATON, FL 33496		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-3178166					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODES, STEVEN <input type="checkbox"/> Delete 9858 CLINT MOORE ROAD, SUITE C111-111 BOCA RATON, FL 33496				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODES, NANCY <input type="checkbox"/> Delete 9858 CLINT MOORE ROAD, SUITE C111-111 BOCA RATON, FL 33496				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Nancy Rhodes</i> 1/25/06 954-816-3069					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					