2007 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Apr 30, 2007 8:00 am Secretary of State
DOCUMENT #L05000	OCUMENT # L05000068213		Secretary of State
1. Entity Name JASC IMPROVEMENTS, LLC			04-30-2007 90038 027 ****50.00
Principal Place of Business 7905 NW 19TH COURT MARGATE, FL 33063	Mailing Address 7905 NW 19TH COURT MARGATE, FL 33063	<b>L</b> L	
2. Principal Place of Business - No P.O. Box OGS AW 6 5 A Sulte, Apt. #, etc.	* 3. Mailing Address 1065 NW 6 Suite, Apt. #, etc.	8 Ave	
City & State	City & State	-TA	04262007         Chg-LLC         CR2E083 (12/06)           4. FEI Number         Applied For
Zip Country	<u> </u>	Country	20-3144051 Not Applicable  Contribute of Status Desired  \$5.00 Additional
58063 6. Name and Address of C	33063		5. Certificate of Status Desired     7. Name and Address of New Registered Agent
ا "توري		Name	7. Halling and Address of Now Registers of Agent
CASTRO, JOSEPH 7905 NW 19TH COURT MARGATE, FL 33063		Street Address	(P.O. Box Number is Not Acceptable)
		1065	NW 68 AVE
City MARCIAL FL Zip Code			Mahak re 72067
<ol> <li>The above named entity submits this state the obligations of registered agent.</li> </ol>	ment for the purpose of changing its re	gistered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registe	red agent and title if applicable. (NOTE; F	Registered Agent signature require	d when rematating) DATE
Filing Fee is \$50.00 Que by May 1, 2007			Make check payable to Florida Department of State
The second se	MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGRM NAME CASTRO, JOSEPH STREET ADDRESS 7905 NW 19TH COURT CITY-ST-ZIP MARGATE, FL 33063	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	65 NW 68 AVE MARGALE TE SPOBS
TITLE MGRM NAME CASTRO, SANDRA STREET ADDRESS 7905 NW 19TH COURT CITY-ST-ZP MARGATE, FL 33063	Delete	TITLE NAME IO STREET ADDRESS CITY-ST-ZIP N	65 NW 68 Ave Change Addition VATAPATE FL 3.7063
TITLE NAME STREET ADDRESS CITY - ST- ZIP	🗋 Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDAESS 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	Detete	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 AND TYPED OR PRINTED NAME OF BIGNING MANAGEN MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date			