


DOCUMENT # L05000068213			
1. Entity Name JASC IMPROVEMENTS, LLC			
Principal Place of Business 7905 NW 19TH COURT MARGATE, FL 33063		Mailing Address 7905 NW 19TH COURT MARGATE, FL 33063	
2. Principal Place of Business - No P.O. Box # 1065 NW 68 Ave		3. Mailing Address 1065 NW 68 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARGATE FL		City & State MARGATE FL	
Zip	Country	Zip	Country
33063		33063	
6. Name and Address of Current Registered Agent			
CASTRO, JOSEPH 7905 NW 19TH COURT MARGATE, FL 33063			Name
			Street Address
			1065
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, JOSEPH 7905 NW 19TH COURT MARGATE, FL 33063	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, SANDRA 7905 NW 19TH COURT MARGATE, FL 33063	<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.		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.			
SIGNATURE _____			
Signature and typed or printed name of signing managing member, manager, or authorized representative			