2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000073212

1. Entity Name
JEAGA INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
4316 HOLLY DRIVE PALM BEACH GARDENS, FL 33410	4316 HOLLY DRIVE PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3250953	Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDING, KENNETH
4316 HOLLY DRIVE
PALM BEACH GARDENS, FL 33410

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

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IID0000617579
02/07/07-80081-004 50.00
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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GOLDING, KENNETH
STREET ADDRESS	4316 HOLLY DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	FRIEDMAN, GREGORY
STREET ADDRESS	1744 NOVATO BLVD, STE 200
CITY-ST-ZIP	NOVATO, CA 94947
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	

DO NOT WRITE IN THIS SPACE

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: _____ Greg Friedman _ 1-25-07 (415) 493-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #