

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90020 007 \*\*\*\*55.00

**DOCUMENT # L05000079825**

1. Entity Name  
**JETT INVESTMENTS, LLC**



Principal Place of Business  
**1925 ISAAC NEWTON SQUARE EAST  
SUITE 180  
RESTON, VA 20190**

Mailing Address  
**1925 ISAAC NEWTON SQUARE EAST  
SUITE 180  
RESTON, VA 20190**

70064194



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**20-3315223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHAPNICK, BRUCE P ESQ.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **ZACHARIASSE, JAN A**  
STREET ADDRESS **1925 ISAAC NEWTON SQUARE EAST, SUITE 180**  
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **MGRM** ☐ Delete  
NAME **ZACHARIASSE, JILL M**  
STREET ADDRESS **1925 ISAAC NEWTON SQUARE EAST, SUITE 180**  
CITY-ST-ZIP **RESTON, VA 20190**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Jan A. Zachariasse **3/20/06** **703 674-1699**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #