## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000105788

Entity Name: JAGS SERVICES, LLC

FILED Jul 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 162552 851 W. S.R. 436

ALTAMONTE SPRINGS, FL 32716 US 1057

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

PO BOX 162552

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 73-1683036 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEANE, GABRIELLA R MGMR 372 NORTHWESTERN AVE BEANE, GABRIELLA R MGMR 372 NORTHWESTERN AVE

ALTAMONTE SPRINGS, FL 32714 US ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: GABRIELLA R, BEANE 07/24/2006

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

## MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGMR (X) Change () Addition Name: BEANE, GABRIELLA R MGMR Address: 372 NORTHWESTERN AVE BEANE, GABRIELLA R MGMR Address: 372 NORTHWESTERN AVE

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:BEANE, JOHNName:BEANE, JOHN G MGMRAddress:372 NORTHWESTERN AVEAddress:372 NORTHWESTERN AVE

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELLA R, BEANE MGMR 07/24/2006