## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Apr 02, 2007 8:00 am Secretary of State **DOCUMENT #L06000017951** 04-02-2007 90440 027 \*\*\*\*50.00 1. Entity Name JASH PROPERTIES LLC Principal Place of Business Mailing Address . . . . . . . . 4128 TRADEWINDS DRIVE 4128 TRADEWINDS DRIVE JACKSONSVILLE BEACH, FL 32250 JACKSONSVILLE BEACH, FL 32250 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 - 4339867 Applied For City & State City & State Not Applicable Zip Zio Country \$5.00 Additional 5. Certificate of Status I Esired USA (SCA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTO, AARON Street Address (P.O. Box Number is Not Acceptable) **6320 LONGLEAF PINE DRIVE** JUPITER, FL 33458 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, 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) Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MLE ☐ Delete TITLE ☐ Change ☐ Addition SUTO, AARON MALE MARKE 6320 LONGLEAF PINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGRM Delete ☐ Change Addition TITLE TITLE NAME SUTO, SHERYL NAME 6320 LONGLEAF PINE DRIVE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete MIF MGRM TITLE Change Addition HEATH, HELEN E NAME STREET ADDRESS 4128 TRADEWINDS DRIVE STREET ADDRESS JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CTTY - ST - ZIP MGRM ☐ Change ☐ Addition me Delete TITE F HEATH, JOHN A NAME NAME 4128 TRADEWINDS DRIVE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP Delete Addition TILLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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. Welen & Stato 3/30/2007

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**