

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047386

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: JAGER-PRAME INVESTMENTS, LLC

**Current Principal Place of Business:**

9472 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

9472 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

**New Mailing Address:**

FEI Number: 20-4837048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JAGER, RICHARD A II  
7842 CITRUS BLOSSOM DRIVE  
LAND O' LAKES, FL 34637 US

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

JAGER, RICHARD A II  
2 DAHLIA CT. S  
HOMOSASSA, FL 34446 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: RICHARD A. JAGER II

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAGER, RICHARD A II  
Address: 7842 CITRUS BLOSSOM DRIVE  
City-St-Zip: LAND O' LAKES, FL 34637

Title: MGRM ( ) Delete  
Name: PRAME, THOMAS M  
Address: 9472 S. SUNCOAST BLVD.  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JAGER, RICHARD A II  
Address: 2 DAHLIA CT. S  
City-St-Zip: HOMOSASSA, FL 34446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD A. JAGER II

MGRM

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date