2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 16, 2007 8:00 am Secretary of State DOCUMENT # L06000077579 03-16-2007 90157 008 ****50.00 JASMINE PLAZA & SHOPPES, LLC Principal Place of Business Mailing Address 60024704 5655 SOUTHWEST EVANS 5655 SOUTHWEST EVANS STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2605 S. W. 33rd Street Suite, Apt. #, etc. #200 P.O.Box 2495 Suite, Apt. #, etc. #200 02132007 · Chg-LLC CR2E083 (12/06) Ocala, FT. 34474 City & State Ocala, FL 34478 City & State 4. EEI Number 20-5328456 Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П 34474 USA 34478 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth Kirkpatrick MACKAY, DAVID L 2801 SW COLLEGE RD., SUITE 9 Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34474 2605 S.W. 33rd Street #200 City Zip Code 34474 Ocala, 8. The above named entity submits this statement for the porpose 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. Kenneth Kirkpatrick (NOTE: Registered Agent algorature regulated when reinstating) SIGNATURE Signature, typed or printed 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. TITLE D ☐ Change Addition TITLE ☐ Delete NAME NAME Perron, Linda STREET ADDRESS STREET ADDRESS 5655 SW Evans Dr. CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34997 TITLE ☐ Delete TITLE ☐ Change Addition NAME Farina, Al NAME STREET ADDRESS STREET ADDRESS 3551 SE Seapoint Ct. CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34997 ☐ Delete TITLE ☐ Change Addition TITLE NAME Tona, Frank J. NAME STREET ADDRESS STREET ADDRESS 6240 SW SR 200 CITY-ST-ZIP CITY-ST-7IP Ocala, FL 34477 Delete TITLE ☐ Change ★ Addition TITLE Farina, Michael R. NAME NAME STREET ADDRESS STREET ADDRESS 50 Beach Rd. CITY-ST-ZIP CITY-ST-7IP <u>Tequesta, NJ 33469</u> TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 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.

BIGHATURE AND TYPES ON PRINTED HAVE OF SIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Michaelos Farina

FILED