

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088552

Entity Name: JASMINE, LLC

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
#340
LAKELAND, FL 33801 US

New Principal Place of Business:

439 SOUTH FLORIDA AVENUE
#300
LAKELAND, FL 33801 US

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
#340
LAKELAND, FL 33801 US

New Mailing Address:

439 SOUTH FLORIDA AVENUE
#300
LAKELAND, FL 33801 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MILLER, JOANNA
500 SOUTH FLORIDA AVENUE
#340
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

BAILEY, DOUGLAS V
439 SOUTH FLORIDA AVENUE
#300
LAKELAND, FL 33801 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: DOUGLAS V BAILEY

05/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, JOANNA
Address: 500 SOUTH FLORIDA AVENUE #340
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, JOANNA
Address: 439 SOUTH FLORIDA AVENUE #300
City-St-Zip: LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify 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: JOANNA MILLER

MGRM

05/10/2007

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