2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002747

1. Entity Name
JISH, LLC

Principal Place of Business	Mailing Address
13790-B 49TH STREET NORTH CLEARWATER, FL 33762	13790-B 49TH STREET NORTH CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

01312006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3577518	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, JAMES E
7881 CAUSEWAY BLVD. NO.
ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

8. 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. 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)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MORTON, JAMES E
STREET ADDRESS	7881 CAUSEWAY BLVD. NO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/13/06-80024-004 50.00

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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.

SIGNATURE: _____   4-26-06   727 345 9147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #