


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007136

1. Entity Name
JAZ PROPERTIES, L.L.C.



Principal Place of Business
**204 NORTH 11TH AVENUE
 TAMPA, FL 33602**

Mailing Address
**204 NORTH 11TH AVENUE
 TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



04132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3615727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDOBA, STEPHEN M
 101 EAST KENNEDY BLVD
 STE 3700
 TAMPA, FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

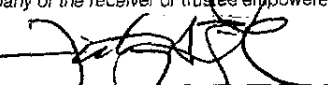
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZINK, JAMES A 204 N. 11TH STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZINK, TIMOTHY A 204 N. 11TH STREET TAMPA, FL 33602
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.

SIGNATURE:  **Timothy A. ZINK** **4/14/05** **813-273-9226**

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