

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001931

1. Entity Name
JASPR, L.L.C.



Principal Place of Business
700 NORTH OLIVE AVE.
WEST PALM BEACH, FL 33401

Mailing Address
700 NORTH OLIVE AVE.
WEST PALM BEACH, FL 33401



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, A.E.
700 NORTH OLIVE AVE.
WEST PALM BEACH, FL 33401

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THALER, MANLEY H
700 N. OLIVE AVE.
W. PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SCHULTZ, AMY E
700 N. OLIVE AVE.
W. PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
THALER, ROBERT D
700 N. OLIVE AVE.
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000235974
02/19/05-80026-015 50.00

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #